

Herefordshire Homeless Prevention and Rough Sleeping Strategy 2026 - 2031

Appendix D

Part I

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Executive Summary

This paper builds upon the thematic review of homelessness in Herefordshire, which was completed in 2018 and informed the 2020-2025 Homeless Prevention and Rough sleeping Strategy. It will focus upon the period 2010 to date, with an emphasis on the period during and after the COVID-19 pandemic.

Some quick facts: -

- In 2023-24, 864 households in Herefordshire contacted the Housing Solutions Team for support after being threatened with homelessness.
- At the end of June 2025, 149 households were living in temporary accommodation.
- At the end of June 2025, 75 households with children were assessed as homeless and owed a relief duty in Herefordshire.
- In the annual homelessness count in autumn 2024, 27 people were sleeping rough on that night in Herefordshire.
- 26% of people who took part in the 2019 Herefordshire Homeless Link Health Need Audit reported a physical health condition.
- 57% of people who took part in the 2019 Herefordshire Homeless Link Health Need Audit reported a mental health condition.

Homelessness is a crisis, that has, more often than not, been developing over a lifetime. Adverse childhood experiences, the effects of trauma, both of which are compounded multiple times, statistically nearly always leads to poor mental and physical health, enduring addiction habits, and offending behaviour. These complex multiple difficulties are frequently the first steps on a journey that culminates in homelessness.

Nationally and internationally, there have been a number of wide-ranging initiatives and considerable efforts to address the causes and impacts of homelessness and rough sleeping. These initiatives have delivered a range of transformational programs that allow for systemic changes to the services, the local landscapes and or course to the people using these services.

The majority of these homelessness interventions are urban based and there has been wide ranging research into them. Whilst there are numerous interventions operating in a rural context, these have had considerably less research undertaken into them. There have also been several reviews commissioned by the UK Government about homelessness or about how effective the UK Government is in addressing homelessness and rough sleeping.

Since the turn of the century, a number of 'best practice' models have emerged at a national and international level. The earliest of these include 'Housing First,' 'Changing Futures Program, and 'No Second Night Out' models, as well as homelessness reduction schemes, such as those of the Calgary Homeless Foundation and the approach in Finland. These innovative approaches have been adapted and adopted globally, with varying degrees of success. Clearer structures of fiscal management, financing and governance have been developed as a consequence of these initiatives.

Since 2019, the English national level strategies, and associated legislative measures (Housing Act 1998 and Homeless Prevention Act 2017) have driven all local authorities to research, develop and produce their own local homeless prevention and rough sleeping strategies. As these strategies reflect the landscape particular to each local authority area, there is a wide range

of programs and concepts being pursued to deliver them. This review will explore some of these differences and assess how they have developed in a post COVID-19 landscape.

In 2021 the Kerslake Commission was established to look into the causes of Homelessness and rough sleeping and explore the many approaches to address it and offer recommendations to address both. In 2022 this research was used, by the government of the day, as the basis for a new national strategy for England. This national strategy has set out the steps to reduce the impact of Homelessness and Rough Sleeping on families, individuals, and resources. The Commission also made a series of recommendations to the new Labour Government of May 2024.

In December 2025, HM Government published the new national homeless prevention strategy – “A National Plan to End Homelessness”. This five-year strategy shifts the emphasis from interventions at the point of crisis, to adopting an early identification and intervention model to reduce the risk of trauma and single points of contact with agencies spiralling into life altering long-term multiple complex vulnerabilities – of which homelessness is the inevitable outcome.

With greater research, comes increased knowledge and we now have an increasing evidence base to underpin local strategies and we categorically know the impact that being homeless has on people. How they are adversely affected by it, emotionally, physically, and financially. It impacts every facet of their lives, in terms of their physical and mental health, their family network breakdown, as well to their personal and family finances and in some cases resorting to criminality.

Homelessness also places a huge financial burden upon the state and local infrastructure, in terms of additional expenses dealing with the outcomes of homelessness at its crisis point. In order to directly target this, many areas are now adopting early or ‘upstream’ intervention systems that aim to mitigate the risk of homelessness occurring at all. The early research shows that these are cost effective, both for individuals and families, as well as the public purse.

Reviews of these Initiatives have repeatedly highlighted that structured interventions, designed with and by users of the services, coordinated through collaborative cross-agency and cross-sector local partnerships, have delivered results that are threefold; reductions in homelessness, improved health outcomes for individuals who are homeless and reduced costs to the public purse. In addition, there are links between these improved health outcomes and other societal gains, such as less crime, less impact on health systems, improved educational attainment for children of families affected by homelessness and more secure employment opportunities.

Herefordshire has a strong pedigree of collaborative working in many areas, including reducing Homelessness. By taking this critical Leadership role, Herefordshire Council has built upon and developed our local Homeless Prevention and Rough Sleeping services throughout the COVID-19 pandemic and beyond to the current international financial uncertainties. Over the course of the 2020-2025 Herefordshire’s Homeless Prevention and Rough Sleeping Strategy, has developed a comprehensive system of support and delivery through the BRAVE intervention pathway.

By further developing and expanding our BRAVE pathway, it will drive our support processes to empower households and communities through the delivery of an early prevention model, which addresses complex multiple difficulties at the earliest stage. This in turn will support people earlier, prevent the spiralling decline from issues that lead to homelessness - failing health, loss of family and leads to impacts upon education, criminality, and employment, all of which leave households dependent upon support services.

By continuing the development of integrated services and pathways across agencies and sectors, we can deliver, housing and health supports in a coordinated partnership across the whole county. Expanding our capacity to offer support will improve life, health, employment and family

opportunities for individuals, their families, and our communities as a whole, while at the same time limiting costs across the public purse.

Overview

This paper is structured into five sections to thematically that sets out and reviews the following areas.

1. The Legal framework to provide housing and homelessness support.
2. Part I - To explore the following themes: -
 - a. How does the best practice from national and international settings help further inform and develop the provision of homeless prevention and rough sleeper services in Herefordshire. In doing so it will review the following seven broad areas: -
 - i. Strategy,
 - ii. Co-Production,
 - iii. Health Interventions,
 - iv. Early Intervention,
 - v. Accommodations,
 - vi. Financing / Funding, and
 - vii. Management / Oversight Systems.
3. Part II - will explore the specific demands in Herefordshire: -
 - a. Data surrounding Herefordshire and Homelessness.
 - b. Herefordshire Homeless Health Needs Audit – 2018
 - c. Outcomes of public and partner consultations.
4. Part III - will identify the resources to meet these demands: -
 - a. What resources are currently available in Herefordshire to assist Rough Sleepers and Households manage their homelessness, and what resources are required?
 - b. What accommodation provision is there for addressing homelessness and Rough Sleeping within Herefordshire and what resources are required.
5. Part IV - will make recommendations and draw conclusions: -
 - a. Recommendations to address the identifiable gaps in Herefordshire's Homeless Prevention and Rough Sleeper services; and
 - b. Conclusions.

Legal Framework

The two main statutory functions that an English Local Housing Authority (LHA) has to deliver are¹: -

- Assisting homeless households and assessing them for housing assistance (Part VII)
- Managing the housing register and assessing applications to the housing register (Part VI)

These are set out in legislation under Part VI & Part VII of the Housing Act 1996. Local Authorities set their own Policy and Procedure with regard to Part VI – Herefordshire Council’s Housing Allocation Scheme. Rules and guidance for Part VII are set out in legislation/case law and Govt guidance and are the same for each local authority.^{2 3}

The Housing Act 1996 states that the two main functions are the responsibility of the Local Housing Authority (this is not always the same as the local or District Council). In the case of Herefordshire Council, it is a unitary authority, so the LHA covers the whole county. The council team responsible for delivering these duties is the Housing Solutions Team (HST).

Defining Homelessness under Pt VII of The Housing Act 1996, every LHA in England is under a duty to provide free of charge, advice and information about homelessness and its prevention to anybody in its district. Part of this duty is to consider the following: -

- Whether a homelessness application should be accepted. (In law an approach is considered to be an application for assistance.)
- Provide assistance with housing options to prevent or end homelessness. This could be, amongst others: -
 - Referrals to supported housing providers.
 - Rent & Bond Scheme to help applicants into private housing.
 - Assistance with applying to Home Point
 - Working with charities and voluntary organisations and other agencies
 - Negotiation on behalf applicants

The next stage is to consider if a duty is owed to an applicant for housing assistance. Part VII of the Housing Act 1996 sets out five tests that need to be applied. These are: -

1. Does the applicant have eligibility for public funds? This means the applicant must be able to access and claim public funds. To do this they must NOT be subject to immigration controls.
2. Is the applicant homeless or threatened with homelessness?
3. If homeless, is the applicant in Priority Need?
4. Is the applicant Intentionally Homeless?
5. Does the applicant have a local connection to the area?

¹ Braddock, R., (2025), *Housing Legislation: Practice Duties and Access PPT*, Herefordshire Council, Herefordshire.

² Wilson, W., Barton, C., (2022): *Statutory Homelessness (England) – Research Briefing*; House of Commons Library; UK; Downloaded from [Statutory homelessness \(England\): The legal framework and performance - House of Commons Library](#) on 30/4/25

³ Greaves, F., Barton, C., (2024): *Statutory Homelessness in (England): The legal Framework and Performance.*: Downloaded from [CBP01164-\(July-2024\).pdf](#) on 30/4/25

In more detail.

Eligibility

| Eligible (main groups) | Not Eligible (main groups) |
|--|--|
| UK nationals who are habitually resident in UK & Common Travel Area. | Those seeking asylum (awaiting a decision or refused) |
| Some Commonwealth countries | UK nationals who are not habitually resident |
| EU nationals who have Settled Status or Pre-Settled Status | EU nationals without Settled or Pre-Settled Status |
| Those granted refugee status (this may be time limited) | Those here on visas stating no recourse to public funds (student visas, tourist visas, sponsorship visas, family visas, work only etc) |
| Those granted Indefinite Leave to Remain/Enter | |

Homeless or threatened with homelessness?

This could be: -

- a. Loss of legal right to occupy accommodation through legal action (tenancy/mortgage etc)
- b. Lodgers given reasonable notice by live-in landlord (excluded occupier)
- c. Family exclusion/relationship breakdown where the applicant has no occupation rights.
- d. A moveable home without permission to place.
- e. Your property has been condemned due to disrepair.
- f. Fleeing domestic abuse
- g. Fleeing violence/serious harassment
- h. Homeless in an emergency due to disaster (fire, flood, storm)
- i. Unable to access your home due to a physical impediment.

The threat of homelessness must be within the following 56 days i.e.

- a. Issued with a Notice to Quit (Form 6A) – ending an Assured Shorthold Tenancy
- b. Section 8 Notice – ending Assured Tenancies & Secure Tenancies (social housing)
- c. Order of Possession/Order of Eviction
- d. Notice to leave given by family member/friend.

If the applicant is found to be eligible and homeless, the LHA needs to consider is the person still in the current accommodation, but threatened with homelessness, then a **PREVENTION** duty is owed. If they have already lost the accommodation, then a **RELIEF** duty is owed.⁴

⁴ Greaves, F., Lusuardi, A., (2024): *Rough Sleeping in England: Local and National government Action*: Downloaded from [CBP02007-\(Jan-2025\).pdf](#) on 30/4/25.

PREVENTION DUTY

The LHA must take reasonable steps to help the applicant to secure accommodation (whether that be their current accommodation or alternative accommodation) so that homelessness is prevented.

The applicant must agree to take reasonable steps to prevent their homelessness.

Advice and housing options **MUST** be set out in the Personal Housing Plan, which is kept under review.

The Prevention Duty can come to an end if: -

- Homelessness is prevented.
- The applicant is no longer eligible for assistance during the period of the Prevention Duty
- The applicant becomes homeless during the period of the Prevention Duty
- The applicant fails to engage in the process or fails to take reasonable steps.
- The applicant refuses an offer of accommodation that would be reasonable to prevent their homelessness.

The Prevention Duty should run for 56 days but can be extended.

RELIEF DUTY

Where the applicant is found to be already homeless and eligible (first two tests met) the council owes a Relief Duty (a duty to relieve homelessness).

The Relief Duty mirrors the Prevention Duty with the difference being the applicant is now homeless.

The Relief Duty cannot be extended beyond 56 days.

The Relief Duty Referral can apply - where applicant does not have a Local Connection and it is safe to refer to another LHA where a local connection is. (not in DA cases)

**** A Relief Duty is not a duty to provide accommodation to a homeless person****

If the Relief Duty has not been discharged at the end of the Relief Duty period, then the LHA must consider if a further duty is owed, either: -

- A duty to provide accommodation for a reasonable period (where the applicant has been found to be intentionally homeless) OR
- A duty to provide accommodation until such a time that the applicant resolves their homelessness (A Main Duty)

If homeless, and a relief duty is owed, is the applicant in Priority Need?

If an applicant is homeless then the LHA must consider if the applicant (household) is vulnerable (in **Priority Need**) whilst homeless? If the answer is **yes**, then there is a duty to provide temporary accommodation until the Relief Duty is discharged.

The following sets out what is or may be **Priority Need**: -

| Automatic Priority Need categories. | May have Priority Need categories. |
|--|---|
| A member of the household is pregnant | Physical disability/health condition |
| One or more dependent children | Mental health condition |
| Homeless due to flood, fire, or other disaster | A Care Leaver over the age of twenty-one |
| A person who is homeless due to fleeing domestic abuse | Learning disability |

| | |
|---|---|
| 16/17yr old not in the care of the local authority | Frailty due to old age |
| 18-20yr old who were in care for some period between 16-18. | Institutionalisation (army/care/prison etc) |
| | A person fleeing violence (not DA) |
| | Modern day slavery/human trafficking |

Is the applicant Intentionally Homeless?

“A person becomes intentionally homeless if he deliberately does or fails to do anything in consequence of which he ceases to occupy accommodation which is available for his occupation and which it would have been reasonable for him to continue to occupy.”

(S191, Part VII, Housing Act 1996)

This test needs to consider: -

- is the act deliberate? Did they do something that caused the loss of accommodation? Is it an omission by the person? Should they have done something, but did not do it or say it and that caused it? Also to consider though, Was the accommodation suitable so that it was reasonable to continue to occupy at the time of the act/omission?
- Acting in good faith but were ignorant of the facts? i.e. they resigned a tenancy as they were supposed to move but the new accommodation fell through on the day of the move?

Even if found to be intentionally homeless there may be a duty to accommodate for a reasonable period though. On a case-by-case basis.

Does the applicant have a local connection to the area?

What constitutes a local connection? These do: -

- Residence in the local area for six out of the last 12 months in accommodation of choice that is settled. (Armed Forces accommodation can be considered to be accommodation of choice & a posting to an area can be considered to be residence).
- Having resided in the local area for three out of the last 5 years.
- Current employment in the area (employment that is meaningful).
- An active family connection with immediate family (parents, adult siblings, adult children only) who have lived in area for at least last 5 yrs.
- DA/other violence exemption
- Exceptional circumstances can be considered.
- BUT a care leaver is still subject to local connection rules when considering homelessness duties (different for Home Point).

However, where a Relief Duty is accepted and the applicant is found not to have a local connection, BUT:

- they have a local connection to another local housing authority in England.
- And they are not homeless due to fleeing domestic abuse.
- And it would be safe for them to return to that area.

The Relief Duty can be referred to that other authority.

If the case is not referred under the Relief Duty, then, at the end of the duty the LHA must again consider if the applicant has a local connection. If they do not and all of the above criteria are met, then a Main Duty can be accepted and then referred to the other authority to carry out to deliver accommodation support.

If all these steps are met, then a 'FULL' duty is owed to the household. S193 of Part VII of the Housing Act 1996 sets out the Main Duty. A full duty includes: -

- A continued duty to seek to assist the applicant to end their homelessness.

- A continued duty to provide the applicant with temporary accommodation until their homelessness comes to an end or they lose the Main Duty for another reason.

Temporary Accommodation

S188 Housing Act 1996 – Temporary Accommodation (TA) provided, pending a decision being made on the homelessness case.

Suitability of TA cannot be challenged through the review process – only option is Judicial Review

S193 Housing Act 1996 – Where a Main Duty under S193 has been accepted part of this duty is the provision of temporary accommodation until the Main Duty ends.

Suitability of provision can be challenged under the review process.

What is Temporary Accommodation?

TA is a limited supply of self-contained TA units owned or managed by the LHA. Rented from Private Landlords or Social Landlords. Herefordshire has a small number of hotels it has rented as a whole to place families in. Whilst Herefordshire Council is mindful of the negative impacts of long-term stay sin B&B type accommodation on families and children in particular (Kaner (2025)) we work hard with Registered Provider partners to keep the time as short a time as possible.⁵

For single people and couples, who are homeless, there is the current use of hotels & B&Bs for lengthy periods of time whilst applications are processed through Homepoint to secure a permanent home through an RP.

Unfortunately, due to elevated levels of TA demand there is the continued placement of households in hotel accommodation outside the county.

Home Point

The Housing Act 1996, states that it is the duty of the LHA to manage a housing register (like homelessness support this role can be contracted to another organisation). This sometimes incorrectly referred to as the 'housing waiting list.'

Herefordshire operates Home Point. This is a Choice Based Lettings System. Households register on Home Point and then as users of the scheme they can then choose to bid on properties they are interested in rather than being allocated a property. Applicants to the scheme must be eligible for public funds (see above), also they must qualify under the means test (they can afford to pay the rent – either through benefits, or themselves and must have a housing need. Households who have any of the following criteria do not qualify for Home Point.

Specifically: -

- Households who have dependents and the annual gross household income is over £45,000 (all earnings.)
- Households who do not have dependents and the annual gross household income is over £35,000 (all earnings.)
- Households where an adult is under the age of fifty and total household savings/capital/assets are over £50,000.
- Households where an adult is over the age of fifty and total household savings/capital/assets are over £100,000.
- Households where all members are over 60 and total household savings are not more than £150,000 can bid but are restricted to bidding on properties designated for older

⁵ Kaner, I., (2025; *Children Living in Temporary Accommodation: An Absolute Scandal*; Downloaded from "[Children Living in Temporary Accommodation: An Absolute Scandal](#)" Report - Shared Health Foundation; last download 7/8/25.

persons (55+) where there is a demonstrated need for older persons supported accommodation.

Exceptional circumstances – victims of DA whose assets are tied up in legal proceedings or sale of assets is being prevented as a form of DA.

There is also a requirement to have a Local Connection to register and bid on Home Point. For the purposes of Home Point Local Connection is defined as: -

- Must be currently living in the county of Herefordshire in settled accommodation of choice and having done so for at least last 2 yrs. OR
- Lived in settled accommodation of choice in the county of Herefordshire for three out of the last 5 yrs. OR
- Be currently employed in the county for at least 16hrs per week and have been in employment in country for at least 12 months OR have an offer of permanent employment in the county working more than 16hrs per week. OR
- Is a Herefordshire Care Leaver under the age of twenty-one.

Local connection does not apply to those confirmed as homeless as a result of domestic abuse.

Those who are found to have a housing need, but no local connection will be awarded Band D status on the Home Point scheme.

There are some notable exceptions to the local connection requirement. These are: -

- Current members of the regular Armed Forces.
- Veterans of the regular Armed Forces
- Bereaved spouse/civil partner/unmarried partner of members of the Armed Forces following their death where the death is attributable to military service.
- Serving and former members of the Reserve Forces who need to move due to acute injury, medical condition or disability sustained as a result of service.
- Divorced or separated spouses/civil partners/unmarried partners of members of the Armed Forces who have lived in Services Family Accommodation for a minimum of 2 yrs and required to vacate said accommodation.
- Victims of Domestic Abuse.
- Herefordshire Care Leavers under the age of twenty-five.

Finally, an additional preference can be given in the following circumstances: -

- Serving members of the regular Armed Forces who need to move as a result of suffering acute injury, illness, or disability as a result of military service (6 months additional waiting time – Armed Forces Covenant)
- Former members of the regular Armed Forces (6 months additional waiting time – Armed Forces Covenant)
- Bereaved spouses/civil partners of members of the regular Armed Forces who have left or will be leaving Services Accommodation following death of partner which was attributable to military service (6 months additional waiting time – Armed Forces Covenant)
- Those who have an urgent need to move due to Domestic Abuse or other violence. (6 months additional waiting time)
- Herefordshire Care Leavers who are moving on from supported accommodation. (6 months additional waiting time)

Home Point operates using a banding system. Bands A to D. Band A applicants have the highest priority and Band D applicants have the lowest priority. Band E was removed from the scheme in December 2024. Priority within each Band is based on length of waiting time.

To make an application to Home Point visit: [Herefordshire home page | Herefordshire](#)

Reviews Appeals and Complaints.

A Home Point assessment decision can be appealed. There is a 2-stage appeal process and then an applicant can approach the Local Government & Social Care Ombudsman if they remain dissatisfied.

(HomelessreviewsandHomepointappeals@herefordshire.gov.uk)

A decision under Homelessness legislation (Part VII) can be challenged by requesting a Review under S202 of the Housing Act 1996.

(HomelessreviewsandHomepointappeals@herefordshire.gov.uk)

A review decision can be challenged through a Court Appeal (S204 of the Housing Act 1996)

An applicant can make a complaint about the housing process, staff or service through the council's formal complaints procedure ([Get involved – Herefordshire Council](#)). This is a 2-stage process and can be escalated to the Ombudsman if the complainant remains dissatisfied. A complaint can be about service provision/failure, a delay in action, being given the wrong service/information, staff attitude. Where an applicant disagrees with a decision, and it can be addressed by a Review or Appeal then it will be considered as such.

Herefordshire LHA – Housing Service Structure

The Housing Solutions Team (HST) is part of the wider Housing Team, which sits within the Adult Social Care and Housing portfolio, which is part of the Community Wellbeing Directorate of Herefordshire Council.

HST has a service manager and is split into five teams, each with a team lead in charge. These are: -

- **Housing Solutions Officers** – Offer advice and assistance to applicants who are found to be homeless or threatened with homelessness.
- **Home Point Team** – Assess applications to the Home Point Scheme and advertise properties for rent through the scheme.
- **Temporary Accommodation Team** – Arranging and managing temporary accommodation placements for those the council has a duty to accommodate as homeless persons.
- **Outreach (Rough Sleeper) & Whitecross Rd Hub Team** – Work with people sleeping rough to whom the council does not owe a duty to accommodate whilst homeless. Provision of supported accommodation.
- **Reviews & Complaints Officer** – Statutory reviews of homelessness decisions, Home Point appeals, Councillor & MP enquiries, Complaints, Ombudsman enquiries, Freedom of Information requests.

Herefordshire Council does not have or manage a permanent housing stock of its own, so this function is carried out by Registered Providers (Housing Associations). There are nine that own, manage, and operate housing stock across Herefordshire.⁶

⁶ [Bromford Housing](#); [Citizen Housing Group](#); [Connexus](#); [Legal and General Homes](#); [Platform Housing Group](#); [Sanctuary Housing Group](#); [Stonewater](#); [Two Rivers Housing](#); [Wydean Housing Association](#)

PART I

Homelessness Prevention and Rough Sleeping – a Review of National and International Literature

There are a variety of examples of best practice found, both nationally and from the international arena. These can be categorised into seven broad areas:

- Strategy,
- Co-production
- Health Interventions,
- Early Interventions,
- Accommodations,
- Financing / Funding,
- Management / Oversight Systems.

There has been a number of other national and international reviews conducted into all aspects of homelessness and there is cross over between each of these areas in these reviews. (Full Reference list can be found at Appendix 'G' to this Literature Review.)

It can be observed that some countries and localities started the work to address homelessness, its causes and its impact upon people and systems earlier than Herefordshire (and the wider UK). Consequently, it can be noted that these areas are more advanced in their work to combat homelessness e.g. Calgary⁷, Finland⁸, Scotland⁹, and areas of Australia¹⁰.

If we examine each of these broad areas in turn.

⁷ Calgary Homeless Foundation: (2011) *Calgary 10-year plan to end Homelessness 2008 - 2018*: Calgary Homeless Foundation: Calgary 29/3/17.

⁸ Ministry of the Environment for Finland (2016): *Action Plan for Preventing Homelessness in Finland 2016-2019*: Helsinki: Ministry of the Environment Finland

⁹ Pawson H., Davidson E., Netto G. (2007) *Evaluation of Homelessness Prevention Activities in Scotland*: Edinburgh: downloaded from www.scotland.gov.uk/socialresearch: Last downloaded 1/6/18.

¹⁰ Pawson H., Parsell C., Saunders P., Hill T., Lui E. (2018): *Australian Homelessness Monitor 2018 – Launch Housing*: Launch Housing. Published 1/4/18: Downloaded from www.launchhousing.org.au: Last downloaded 1/7/18.

Strategy

For any progress to be made in solving a 'problem' or 'issue,' it requires an approach that methodically examines the issues at hand, the resources available or needed to meet the challenge and develop an approach to meet and address the challenge. This approach is called strategy. A strategy is simply a plan that sets out the aims to solve an 'issue.' The strategy is achieved by a tactical plan to deliver the required outcome. This tactical plan is managed by a delivery plan or series of priorities or objectives. The whole process is informed by an assessment of the needs around the specific issue(s). This is a needs assessment.

In any approach to 'strategy' and homelessness it is worth considering what homelessness is and what contributes to it.

The UK charity Shelter, sets out the legal definition of homelessness¹¹ as: -

“A person is homeless if there is no accommodation available for them to occupy in the UK or abroad. For example, someone sleeping rough or who cannot return to their accommodation because of a court order.

The accommodation must be available for the homeless applicant and anyone who normally resides with them as a family member or might reasonably be expected to reside with them. The person is homeless if accommodation is not available for the entire household.”

HM Government¹² gives the following circumstances as examples of homelessness:

- Rooflessness (without a shelter of any kind, sleeping rough).
- Houselessness (with a place to sleep, but temporary, in institutions or a shelter).
- Living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence, or staying with family and friends known as 'sofa surfing').
- Living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding).

The causes of homelessness are typically described by HM Government as either structural or individual factors and can be interrelated and reinforced by one another. Causes and their relationship vary across the life course of individuals and their homelessness.¹³

Structural factors include:

- poverty
- inequality
- housing supply and affordability
- unemployment or insecure employment
- access to social security

Individual factors include:

- poor physical health
- mental health problems, including the consequences of adverse childhood experiences.
- experience of violence, abuse, neglect, harassment or hate crime.
- drug and alcohol problems (including when co-occurring with mental health problems)

¹¹ [Shelter Legal England - Legal definition of homelessness and threatened homelessness - Shelter England](#)

¹² [Homelessness: applying All Our Health - GOV.UK](#)

¹³ Greaves, F., (2024): Statutory Homelessness (England): Causes and Government Policy – *Research Briefing*; House of Commons Library; UK; Downloaded from [CBP-10067.pdf](#) on 30/4/25.

- bereavement
- relationship breakdown
- Domestic Abuse
- experience of care
- Experience of Criminal Justice System
- refugees

Of course, some ‘Individual Factors’, as well as being a contributory factor to homelessness, can also be an outcome of being homeless.¹⁴ It is worth noting, that with individual factors, when they occur in childhood, and that adverse experience is not resolved, or is compounded with another factor, then statistically, that young person is likely to grow into adulthood continually haunted by these factors and associated harms. It could be observed that this in itself makes the argument for an early intervention model (see section below.)

In the 2025 paper by Greaves, Barton, and Wong, (Rough Sleeping in England: Causes and Statistics)¹⁵ Rough Sleeping is described as:

“Rough Sleeping refers to people who are about to bed down (sitting on /in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, doorways, parks, bus shelters, or encampments). The term also includes people in buildings or other places not meant for people to live in (such as stairwells, barns, sheds, carparks, cars, derelict boats, stations or ‘bashes’ (makeshift shelters)”

The causes of rough sleeping the same as for homelessness in general, but also include the ending of asylum accommodation, personal behavioural issues (criminality, undiagnosed mental illness, and undiagnosed neural diversity) and legal issues. (Greaves, Barton & Wong Pg. 11).

All LGA areas must, by law, develop and have in place a strategy that identifies what the local housing and accommodation issues and needs are, how homelessness impacts the area and its citizens and have a plan to mitigate these issues and impacts.¹⁶

In 2018 HM Government published its Rough Sleeping Strategy¹⁷. This strategy explores three specific tracks to eliminating Rough Sleeping: - Prevention; Intervention; and Recovery.

It can be observed that this is the first time that HM Government has placed Prevention at the heart of a homeless related strategy. Within prevention the strategy sets out four steps: -

- 1.) Getting the basics right.
- 2.) Improve our understanding of our homeless communities.
- 3.) Improving oversight – into deaths and serious harm involving rough sleepers; &
- 4.) Affordability of the private rental sector.

Through a series of funds, the Government has providing extensive funding to support the development of pilots to address the following areas. 1.) Somewhere safe to stay – rapid assessment pilots; 2.) Rough Sleeper Navigators – to help individuals access and navigate the myriad resources in order to exit the streets; 3.) Addiction treatment programmes; 4.) Training for front line staff; 5.) Funding for non-UK nationals; 6.) Development of a rough sleeping support team and funding for an improved Street link program. It can be observed though that none of

¹⁴ Kaur, S. (2025): *phase two of the system wide evaluation rapid evidence assessment*: Downloaded from [Systems-wide evaluation of homelessness and rough sleeping: preliminary findings - GOV.UK](#) on 30/5/25.

¹⁵ Greaves, F., Barton, C., and Wong, H. (2025): *Rough Sleeping in England: Causes and Statistics*: Downloaded from [CBP-10173.pdf](#) on 30/4/25.

¹⁶ MHCLG (2018): *Homelessness Code of Guidance for Local Authorities*; Downloaded from [Homelessness code of guidance for local authorities - Guidance - GOV.UK](#) on 30/4/25.

¹⁷ HM Government (2018): *Rough Sleeping Strategy*; London: MHCLG

this funding is for long term programs or supports to be put into place by local authorities. It is all short-term fixed projects or pilots. It is worth noting that Herefordshire has had some success in applying to these funds. (See Finance / Funding section.)

The recovery element of this strategy sets out plans to ensure that those who are homeless or at risk of homelessness have the required support to be able to sustain accommodation and have their support needs met.

In total the strategy sets out over sixty commitments to eliminating Rough Sleeping by 2027. (Pages 66-73.)

The 2018 Rough Sleeping strategy were the foundations for later national strategy and policy.

In April 2018 MHCLG and Department for Education published a joint guidance document *“Prevention of Homelessness and Provision of Accommodation for 16- and 17-year-old young people who may be homeless and / or require Accommodation.”*¹⁸ This guidance sets out duties and responsibilities for the Local Authority in housing children.

The MEAM Collation publication *“Solutions from the Frontline”*¹⁹ sets out nine recommendations in total. There are three recommendations for each of the following areas: -

- Listen to Frontline Voices and Tackle Stigma. **(Recommendation 8)**
- Deliver Flexible and More Joined up Services; **(Recommendation 11, 12, 13)** &
- Support People Towards Independence. **(Recommendation 18)**

Each of these areas makes recommendations at a National, Local, and frontline perspective (pages 4 and 5).

In the Community Links article *“The Deciding Time – Prevent Today or Pay Tomorrow”*²⁰ it expounds the argument that money spent on prevention is more cost effective than spending money on reacting to crisis.

The article sets out six blocks to overcome if early action is too work: -

- We think and plan for the short term, particularly in government (local and national) (Pg12)
- We work in silos across the public sector (Pg23)
- We cannot afford the critical shift to earlier action (Pg28)
- We do not really know what works on the ground (Pg34)
- We do not have the skills to work differently (Pg38)
- We lack the leadership and accountability structures to carry through the changes we need (Pg40).

The report makes several recommendations (Pg8). Amongst which are: -

1. Develop a 10-year spending plan reviewed at least every 2 years. **(Recommendation 7)**
2. Treat early action as an investment. **(Recommendation 5)**
3. Cost / Benefit analysis of early actions spends versus reactive spends. **(recommendation 4)**
4. Develop 10-year tests and early action transition plans. **(Recommendation 7)**
5. Incentivise the breakdown of silos between agencies and put sanctions in place. **(Recommendation 10, 11, 12 and 13)**

¹⁸ HM Government – Department for Education (2018): *Prevention of Homelessness and the provision of accommodation for 16- and 17-year-old young people who may be homeless and / or require accommodation*; London; DoE.

¹⁹ MEAM (2015): *Solutions from the Frontline*; London; MEAM downloaded from www.meam.org.uk/voices Downloaded on 3/4/19

²⁰ Community Links (2012): *The Deciding time – Prevent today or pay tomorrow*; London; last downloaded from www.community-links.org on 12/2/19

6. Develop our workforce to lead. **(Recommendation 8 and 13f)**
7. Allow the third sector to lead. **(Recommendation 9)**
8. Local and national champions to drive delivery of this new approach. **(Recommendation 11, 12 and 13)**

The cost of failing to act early can be conservatively assessed as £1bn per year as a cost to the public purse to deliver services and support to people who are rough sleeping.²¹ This is approximately £17-00 for every person in the UK (assumes 60 mill population) **OR** £3,315,000 per annum as a cost to Herefordshire as a cost on the whole infrastructure within the county. (Assumes 195,000 population). **(Recommendation 4)**

In 2015, Crisis²² estimated the average cost of homelessness, for twelve months per individual, to be £20,218 PA to the state – NOT including welfare benefit costs.²³ This is compared to £1,426 per annum for individuals of a similar age range with the same level of support needs, BUT who are living in stable accommodation. **(Recommendation 10)**

None of these issues are new to Homelessness and Rough Sleeping. They were being articulated in 1990 by Anderson, Kemp, and Quilgars in their report for the Department of the Environment “*Single Homeless People*”. It can be observed that nearly 30 years later we are still collectively failing people who are Rough Sleepers.

In London, Mayor Sadiq Khan, published a new ‘Rough Sleeping Action Plan’ in 2018.²⁴ This action plan draws upon the national and international research and London data and research to make a series of recommendations pulling together cross city resources with borough, charitable and national resources required to collaborate and work in partnership to eliminate rough sleeping. The action plan makes costed activities and identifies funding sources to deliver the activities. The action plan makes clear links between early intervention and cost savings.

The Mayor’s vision is for a rapid response to those on the street and a clear pathway away from rough sleeping. He sets out how this can be achieved by building upon what is already there, giving clarity of leadership, governance, accountability and delineating roles and responsibilities at all levels. The plan is intended to work in sync with the national ‘Rough Sleeping Strategy 2018’ which seeks to eliminate rough sleeping by 2027. By 2025, this action plan has evolved into a five-year strategy to eliminate rough sleeping by 2030.²⁵

Herefordshire’s Homelessness Prevention Strategy 2020-2025²⁶ sets out fourteen strategic objectives for addressing homelessness within the county. These are: -

- Priority 1: We will review and develop our current operational structure to ensure that homelessness preventative activity is central to everything we do.
- Priority 2: We will investigate opportunities for entering into a long-term lease with a private landlord to develop bespoke good quality temporary accommodation for vulnerable homeless households. We will increase the number of units.
- Priority 3: We will seek external funding to enable the implementation of a homelessness health improvement project.
- Priority 4: We will strengthen the Rough Sleeper Outreach and Resettlement Team through the recruitment of additional Outreach Workers specialising in support for rough sleepers with

²¹ [Cost of homelessness | Crisis UK | Together we will end homelessness](#)

²² [Cost of homelessness | Crisis UK | Together we will end homelessness](#)

²³ DCLG (2012): *Evidence review of the costs of Homelessness*; London; DCLG

²⁴ Greater London Authority (2018): *Mayor of London – Rough Sleeping Action Plan*; London; Downloaded from www.london.gov.uk

²⁵ GLA (2025), *Ending Rough Sleeping in London*; Downloaded from [The Mayor’s Rough Sleeping Plan of Action 2025 | London City Hall](#), last download 7/8/25.

²⁶ Herefordshire Council (2020): *Homeless Prevention and Rough Sleeping Strategy 2020-25*: Downloaded from [Homelessness prevention and rough sleeping strategy 2020-2025](#) on 30/4/25.

mental health issues, substances misuse or offending histories. We will monitor and evaluate the impact of these posts to inform future commissioning and operational decisions.

- Priority 5: We will strengthen the Rough Sleeper Outreach and Resettlement Team through the recruitment of a Rough Sleeper 'Navigator' post and a Supported Lettings Floating Support Worker. These posts will provide bespoke support to people leaving institutions (such as Prisons) and to people who have been accommodated but need ongoing support. We will monitor and evaluate the impact of these posts to inform future commissioning and operational decisions.
- Priority 6: We will work with key partners to investigate how we can pilot a Housing First project in Herefordshire. (Housing First is a model of housing that provides accommodation with or without support – see [Housing First: tackling homelessness for those with complex needs - House of Commons Library](#) for more details)
- Priority 7: Sponsored through Team Herefordshire a cross- sector systemic approach to rough sleeping and its risk, will be developed so that rough sleeping and sofa surfing become sequentially rare, infrequent, and then, nonrecurring.
- Priority 8: Further develop our engagement and relationship with private sector landlords, focusing on providing support and advice to help reduce the level of terminations of tenancy in this tenure.
- Priority 9: Continue to develop close collaborative working with voluntary and statutory sector partners in support of homelessness prevention.
- Priority 10: Seek to reduce the number of households in temporary accommodation over the course of this strategy.
- Priority 11: Develop an evidence base of the factors which contribute to levels of homelessness in Herefordshire, the impact of our partnering interventions and emerging risks, including the impact of the continuing roll-out of Universal Credit.
- Priority 12: Continue to build on our success in securing grant funding to support homelessness prevention initiatives in the county.
- Priority 13: Explore the potential for expanding the Registered Provider portfolio of private rented sector tenancies in Herefordshire through newbuild or property purchase.
- Priority 14: Develop a homelessness prevention 'toolkit' for use in the Talk Community Hub approach. This could potentially be achieved through a Making Every Contact Count (MECC) plus e-learning module on homelessness prevention for non-housing professionals and community partner agencies.

Each objective has key actions linked to them to deliver the strategic plan. A comprehensive multi-agency and cross sector review of progress to deliver the strategy has been undertaken.²⁷ This review and linked delivery action plan, underpinned a series of questionnaires used to gather information about the strategy and linked service. See Part III for outcomes.

In 2020, the then Prime Minister, Boris Johnson, established the Kerslake Commission on Homelessness and Rough Sleeping. This was a cross-party commission of professionals, voluntary sector partners and community experts that was established expressly following the COVID-19 pandemic, to identify the causes of homelessness and rough sleeping and make recommendations to address both following the unprecedented support during the pandemic.

The Commission first reported in July 2021 with its initial report 'When we work together – learning the lessons – an interim report'.²⁸ In the report it was set out the impacts that the 'Everyone In' mandate had had on homelessness and rough sleeping: -

- 37,000 people accommodated and 26000 people, just over two thirds, supported to find stable long-term accommodation during the period, and

²⁷ Barnett R, (2025), Herefordshire Homeless Prevention and Rough Sleeping Strategy 2020-25 Review – For Publication; Herefordshire Council, Herefordshire.

²⁸ Kerslake Commission on Homelessness and Rough Sleeping, (2021); *When we work together – Learning the lessons – Interim Report*; Downloaded from [KRSC Interim Report 0721.pdf](#); last download 5/8/25.

- English national rough sleeping levels reduced by 37% over the 2020-21 year.

This interim review of services expounded the positive impact that derived from an actively involved central government position, one that directed Local Authorities and funded responses. The 60% increase in funding over this period enabled LHA's to increase housing stock and support services. There were still challenges though; women and young people needed a more refined approach and bespoke solutions. Those with NRPF also had no additional options for help and support. The sheer volume of need also swamped many authorities, coupled with the short-term nature of the additional funding causing problems for LHA's who didn't purchase accommodation in general and accommodation with an appropriate level of support needed. Both these impacting upon resettlement opportunities. Access to health and vaccinations during this period, in particular, were noted as problematic.

All of these impacted upon by a massive increase in demand – not just rough sleepers, but an increased volume of people who had been hidden homeless up until the pandemic. All of this increased demand, working at pace and the associated short-term funding, meant that staff fatigue and burn out was also an ever-present issue.

The interim review made several broad recommendations:

- Develop, improve, and enhance multi agency and cross sector working. **(recommendation 9)**
- Preventing Homelessness in the first instance. **(Recommendation 2, 5)**
- Preventing and responding to Rough Sleeping in a coordinated way to reduce demand and long-term impacts. **(Recommendation 11, 12 and 13)**

(It should be noted that each of these broad recommendations had sub-recommendations within them.)

This initial review also set out the parameters for the Commission and how it would go about gathering evidence of the scale and impact of homelessness and what was being done to address it. A huge array of sources (112 separate contributors) and resources were accessed - people with lived experience of homelessness, third sector partners, statutory sector partners, focus groups and questionnaires and two literature reviews, all fed into the ongoing work of the Commission.

Just three months later, in September 2021, the Commission published its second report, 'A new way of working, Ending Rough Sleeping.'²⁹ This publication reiterated the June 2021 reports initial findings and made a series of nearly fifty recommendations for future work streams. These recommendations were considered by the Commission to be critical to delivering its 'Blueprint for ending rough sleeping. They are summarised below and include: -

- Build 90,000 social rented homes with additional support programs where needed. **(Recommendation 37 and 39)**
- Continue RSI funding streams to develop additional accommodation with support for rough sleepers. **(Recommendation 22)**
- RSAP program should be extended.
- The Department of Health and Social Care to reverse the funding cuts to drug and alcohol treatment services.
- Deliver a National rough sleeping strategy.
- Develop a joint health and homeless unit in Whitehall to drive changes across all government departments.

²⁹ Kerslake Commission on Homelessness and Rough Sleeping, (2021); *A New way of working: Ending Rough Sleeping*; Downloaded from [Kerslake Commission Final Report 21.pdf](#); last downloaded 5/8/25.

- Extend the duty to refer scheme to also include a duty to collaborate. **(Recommendation 31)**
- Central Government should undertake reviews of LHA areas to see what has worked and what could improve and share lessons learnt. **(Recommendation 15)**
- LHA's should develop integrated Health and Housing Plans that ensure homelessness is rare, brief, and non-recurring. This should assess need and use a standardised assessment tool developed by Central Government. **(Recommendation 24)**
- Whilst RP's do not have a legal duty to prevent homelessness, they do have a social responsibility and therefore the National Housing Federation and Homes for Cathy should continue to promote the positive work being done by RP's and they should drive forward the commitment to collaborate with members and RPs. The Regulator of Social Housing should monitor this approach. **(Recommendation 28)**
- The LGA should continue to promote a multi-sector approach to working. **(Recommendations 11, 12, 13)**
- Primary Care Networks at a local level should identify and work with the local homeless population to co-design a service to meet the unmet needs of this group. **(Recommendations 11, 12 and 13.)**
- Health organisations should ensure that mainstream services are available to Homeless individuals. **(Recommendations 11, 12 and 13.)**
- There should be a national review of strengths-based approaches to how people needs are met. **(Recommendation 21)**
- Integrated data sets should be developed locally between partner agencies and services. **(Recommendations 11, 12 and 13.)**
- Data sharing should be established between agencies and services locally. **(Recommendations 11, 12 and 13.)**
- Streetlink should be recommissioned to be the single reporting platform for the public to identify / report rough sleeping to. **(Recommendation 14)**
- LGA's should jointly commission services with integrated care systems. **(Recommendation 1)**
- ICB's should have a dedicated focus upon tackling health inequalities for marginalised groups. **(Recommendation 1)**
- The NHS rough sleeper program and improvement plan should be delivered. The NHS Mental Health Implementation plan should be delivered. Both should be inclusive of marginalised groups. **(Recommendation 32)**
- Where appropriate LGA's should work pan area / regionally.
- HM Government should retain the Pandemic related welfare changes and review the benefit cap.
- There should be a cross departmental review or activities to maximise homeless prevention, to include early mental health support.
- LGA's should ensure that all activities are trauma informed, person centric and psychologically informed. **(Recommendation 21)**
- LGA's should remove the requirement to be a verified rough sleeper before offering support and services.
- Homeless Link should develop an accredited support worker program for the homeless sector. **(Recommendation 25)**
- LGA's should develop multi-sector / integrated support teams to include all partner agencies, including health. **(Recommendations 11, 12 and 13.)**
- LGA's should ensure that any accommodation model is COVID_19 secure. **(Recommendation 16)**
- LGA's should plan for adverse weather situations in advance. **(Recommendation 16)**
- Central Government should establish a quality assurance framework around the quality of homeless accommodation.

- DWP should enable people living in homeless pathway supported housing to experience the benefits of employment without benefits being affected.
- Central Government must develop a cross departmental funding model for homelessness services.
- Central Government must increase the funding available to the Affordable Homes Programme.
- Central Government should commit to using Right to Buy proceeds to develop more social housing.
- RPs should operate a flexible approach to allocating housing to individuals who have been homeless. **(Recommendation 28)**
- Central Government should enact the renters Reform Bill.
- LGA's and RPs should change the approach to individuals with NRPF and develop solutions that offer support and accommodation. This will need a shift in position from Central Government. **(Recommendation 17)**
- LGA's should work with Health partners to deliver vaccination programs and improve record keeping. **(Recommendations 11, 12 and 13.)**
- Central Government should develop better ways to collect and act upon data from communities and groups with protected characteristics.
- LGA's should consider communities and groups with protected characteristics when assessing levels of vulnerability. **(Recommendation 1)**
- All local partners should develop a training program to improve understanding and knowledge of communities and groups with protected characteristics, especially BAME, gender based and LGBTQ+ groups and specifically women. **(Recommendation 8)**
- Race and nationality should be a national feedback data return. (this is now included in Monthly DELTA returns by LGA's to MHCLG)
- RSI funding should be extended to also focus upon communities and groups with protected characteristics. **(Recommendation 18 and 20)**
- There should be better and early referral processes in place for people released from institutions to reduce homelessness. **(Recommendation 24)**
- Government should review the immigration rules around homelessness and right to work / stay.
- The Vagrancy Act 1842 should be repealed.
- Central Government should expand the Community Services Treatment Programme. **(Recommendation 32, 33)**

In 2022, HM Government, DLUHC (Now MHCLG)) published a new strategy, "Ending Rough Sleeping for Good".³⁰ This strategic plan continued the themes of the 2018 strategy; Making rough sleeping Rare, Brief and Non-recurring. It incorporated the recommendations of the Kerslake Commission, and for the first time it set out a cross governmental department approach and commitment to achieving this goal. An approach to which all Secretary's of State committed their departments too achieving. The strategy set out a 'whole system' approach, across central and local government, statutory agencies and the community, voluntary and faith sector. It was intended to deliver better prevention activities, deliver swift and effective interventions and provide the extra help needed to enable recovery for those affected by homelessness. The strategy sets out eighteen outcomes that this 'new' joined up system was intended to deliver, through a transparent approach which held those responsible for delivery to account. This system included a new data led approach designed between MHCLG and the Centre for Homelessness Impact. It put the prevention of homelessness at its core.

Considerable additional revenue and capital grant funding was made available to LGA's. It is of note that initial progress across England was good. Nearly every LGA reported reductions in the

³⁰ [Ending Rough Sleeping for Good](#)

numbers of homeless households and rough sleepers. However, by 2023, with the exception of a few LGA areas, numbers of both had started to surge again and were back to or exceeding pre-pandemic levels.³¹

It can be noted that the few LGA areas that had attempted to use the additional grant funding supplied by MHCLG to build their systems and resources, either had slower rates of resurgence or maintained the lower rates. Herefordshire has been one of these.³²

Projects such as the model developed in Bournemouth, Christchurch, and Poole, where up to forty-eight rough sleepers were helped in treatment and supported accommodation, and pilots to develop Housing First Models was one such area. North Somerset and Cornwall also had successes in similar schemes. More on the Herefordshire approach later in this review.

In September 2022, the Kerslake Commission published an update report to 'A New Way of Working, Ending Rough Sleeping'.³³ This report came after the economic downturn following the COVID-19 pandemic and just as the impacts of the war in Ukraine and the linked shocks to the global energy and food markets was being felt, coupled with increased numbers of Ukrainians fleeing to the UK. Also, the impacts of the Truss Governments budget of mid-2022 further compounded these difficulties.

It can be observed that post the pandemic and throughout these increasing financial pressures, UK households were experiencing more and more impact upon their incomes. Many were now having to make the difficult choice between household staples – food, heating, clothing etc.

It set out the strides that the UK government had already taken to deliver the recommendations contained in the September 2021 report. It sets out the many positive changes that had occurred and the challenges still to be tackled, as well as the new ones emerging, following the financial impacts mentioned above. To assist it provided a Red / Amber / Green (RAG) rating to each priority. In some cases, it amended or added new recommendations, such as: -

- That Central Government should carry out a consultation on establishing a duty to collaborate between agencies and services.
- That the new upcoming supported living guidance should ensure that LGA's and RPs should understand what best practice in supported housing looks like and be able to translate in practice within their models locally.
- That central government should use the Law Centre Network guidance to encourage LGA areas to use discretionary powers to better support homeless people with NRPF or non-UK nationals with limited or unclear access to benefits.
- Every migrant should have access to expert advice on benefits at the earliest possible opportunity.
- Individuals from EEA with no PSS should have restrictions on accessing public funds lifted.
- Individuals accessing immigration advice should have access to a bed and better data should be captured about this level of need.
- Offenders leaving HMP institutes should have access to a prison leaver service.
- ICS areas should either develop or access a directory of housing services locally.
- Benefits to match inflationary increases.
- Benefit deductions should be paused.
- Benefit gap to be reviewed to stay in line with increased costs of living.
- Review and increase DHP's.

³¹ <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

³² [Tables on homelessness - GOV.UK](#)

³³ Kerslake Commission on Homelessness and Rough Sleeping, (2022); *A New way of working: Ending Rough Sleeping – Progress Report 2022*; Downloaded from [KRSC Progress Report 0922a.pdf](#); last downloaded 5/8/25.

- Central Government funding streams should adopt a collective accountability principle.
- Local Health priorities should reflect ASC principles.
- LGA areas should adopt a wider view on what constitutes a verified rough sleeper.
- Regulatory scrutiny introduced to reduce evictions in RP stock.
- Expand the Department Health and Social Care Workforce Development fund to support homeless organisations as well.
- All ICB strategies should include specific reference to how they will work to tackle health inequalities in communities and groups with protected characteristics.
- Introduce a co-produced accountability mechanism for HSC and ICB's.
- Develop an integrated ASC model with a joined-up approach across partner agencies and bodies.
- Recommendations around Care Act assessments and access to resources.
- CQC assess ASC provision and report to Secretary of State for intervention if LGA's are not meeting standards.

Finally, in September 2023 the Kerslake Commission published its final report 'Turning the Tide on Rising Homelessness and Rough Sleeping'³⁴. Whilst again there was an acknowledgement of the much good work driven by the sector to address homelessness, the Commission now reported that the 37% drop in Rough Sleeping post pandemic, had now turned into a 26% increase in rough sleeping numbers and was increasing still – driven in large part by the continuing cost of living crisis and the disparity between Local Housing Allowance rates, the spiralling costs of private rental sector accommodation, the lack of off the street housing options for non- UK subjects and the challenges in the wider homelessness sector and impact upon resources stretching statutory resources to breaking point.

The Commission recommends three key principles should guide the next administration's approach to homelessness and rough sleeping: -

1. Prevent people from getting to the brink of homelessness – We need to be preventing people from reaching crisis point and becoming homeless or at risk of homelessness.
2. No one should need to arrive onto the streets to get help – Where people are at risk of rough sleeping, there should be a cross-sector effort to make timely and effective interventions that prevent an episode of rough sleeping.
3. Everyone should have a route out of rough sleeping – For anyone who is rough sleeping, there needs to be a meaningful and tailored offer which will take them away from the streets for good.

The Commission was also cognisant of the election cycle and whilst reviewing progress against the initial recommendations made nineteen recommendations for the whoever the new government would be. Recommendations that if adopted should return the trend to its immediate post-pandemic downward trajectory. These were: -

Prevent people from getting to the brink of homelessness.

1. To deliver the sector recommended target of building 90,000 social rented homes a year, the next administration should commit to a 10-year plan to meet housing need accompanied by significant investment in grant funding. **(Recommendation 39)**
2. Secure housing and high-quality support can transform lives, helping people settle into a new home, maintain tenancies, and improve life chances. The next administration should expand the supply of supported housing and housing-based support, which is suitable for a range of needs, through increased, long-term, ring-fenced revenue investment. There

³⁴ Kerslake Commission on Homelessness and Rough Sleeping, (2023); *Turning the Tide on Homelessness and Rough Sleeping Together*; Downloaded from [Turning-the-Tide-on-Homelessness-and-Rough-Sleeping-Kerslake-Commission-2023-Report.pdf](#); last downloaded 5/8/25.

should be alignment and join up with capital funding where the support is attached to the building.

3. A strategy is needed to accelerate and mainstream Housing First provision with sustainable funding to deliver open ended support.
4. All welfare policy change should be subject to an assessment of its impact on housing affordability.
5. Legislation should be introduced to fix Local Housing Allowance (LHA) rates at the 30th percentile of local rents and the Universal Credit standard allowance should be set by an independent process which guarantees the cost of essentials. **(Recommendation 15)**
6. Unmet health and care needs are both a cause and consequence of homelessness and rough sleeping. Integrated Care Boards (ICBs) should be required to have a dedicated focus on tackling health inequalities for inclusion health populations, with sustainable ring-fenced funding to meet this requirement. **(Recommendations 11, 12, 13)**
7. The next administration should increase the supply of specialist care and supported housing available to people with care needs who experience multiple disadvantage, and resource a social care workforce who will provide a tailored and trauma informed service to this group.
8. Investment in drug and alcohol services should deliver low threshold and joined up provision. **(Recommendation 32, 33)**
9. Homelessness and rough sleeping should be treated as a priority across Government, with departments agreeing shared outcomes and understanding how they benefit each other. This principle of collective accountability should translate to funding programmes.
10. Long term investment in prevention will ensure that the system is reaching people before they hit the streets. There should be a default preference towards long term funding, with five-year funding cycles as a minimum and flexibility to allow interventions to evolve in line with changing needs. **(Recommendation 2)**

No one should need to arrive onto the streets to get help.

11. Local authorities should be required and funded to provide a guaranteed offer of emergency accommodation to people at risk of rough sleeping.
12. A greater focus is needed on improving long term housing pathways out of prison. This should include improving access to resettlement services in custody, consistent application of priority need status for people who are vulnerable as a result of spending time in custody, landlord engagement and tenancy support schemes to improve access to the Private Rented Sector (PRS), and longer term supported housing eligible for prison leavers, particularly those with higher support needs. **(Recommendation 31)**
13. All local authorities should have multi-agency and planned routes into suitable housing, with relevant support, for care leavers before they are discharged. This should be accompanied by increased supply of youth-specific supported housing for multiple and complex needs. **(Recommendation 11, 12, 13)**
14. The move-on period for newly recognised refugees should be extended from 28 days to 56 days to bring it in line with local authorities' duties under the Homelessness Reduction Act, giving time for people to obtain housing and a means to support themselves.
15. The Government's Out of Hospital Discharge Fund made considerable progress in preventing people from leaving hospital into homelessness. The Out of Hospital Discharge Fund should be re-introduced with sustainable funding to enable ICBs and local authorities to continue to build on its initial successes.

Everyone should have a route out of rough sleeping.

16. There should be sufficient funding and a clear directive from central Government to support non-UK nationals with limited and unclear entitlements to resolve their homelessness, emphasising the importance of the provision of accommodation, independent immigration advice, and support to engage in the advice. Data should be

collected on the number of people affected by the No Recourse to Public Funds condition.

(Recommendation 17)

17. Homelessness is different for women, who face an additional burden of gender-based harassment, abuse, and violence, and are often hidden from rough sleeping statistics. There should be a gender informed homelessness pathway and women only accommodation offer across the country, and local authorities should be required to deliver an annual Women's Rough Sleeping Census. **(Recommendation 7)**
18. Future funding streams to address homelessness and rough sleeping should emphasise and encourage the use of youth-specific homelessness services and accommodation to deliver tailored interventions for this cohort. **(Recommendation 7)**
19. The next administration should repeal the Vagrancy Act and prioritise investment in support services which address the underlying causes of begging and anti-social behaviour. The police should be required to receive training on the needs of people experiencing and recovering from homelessness, and guidance should be introduced requiring police to develop partnership working arrangements with homelessness services.

It is worth noting that the Kerslake Commission was a paradigm shift by HM Government in its approach to Homelessness and Rough Sleeping. It sought to build upon the successes of the 'Everyone In' directive and consolidate the gains made through it, into real changes for the future. Unfortunately, it can be observed that whilst money and energy were put to solving the visible face of homelessness, the main root causes linked to housing supply, demand and affordability were not addressed, and homelessness and rough sleeping persist.

In February 2025, MHCLG published a detailed research paper, 'Systems-wide evaluation of homelessness and rough sleeping: preliminary finding'.³⁵ And the linked systems map from delivery partner Cordis Bright³⁶ set out the size, scope, and scale of the homelessness landscape. The paper was commissioned a year after the Kerslake Commissions final findings and looked at how the cross-governmental work was progressing, and how local LGA areas were implementing the recommendations. Whilst the number of LGA's that participated were small, the results were consistent. Much work was being completed to meet crisis demand for housing and therefore address homelessness. Little prevention work was being completed, in respect of Homeless Reduction Act driven prevention. Even less early or upstream prevention was being undertaken. The escalating cost of living impacts and rising rents were driving more and more households to seek housing support. There is still insufficient affordable housing to meet current demand, let alone future demand. Benefits were not keeping pace with living costs, poverty is increasing and LGA's have insufficient funding to address the day-to-day issues, let alone try to mitigate and prevent demand escalating in the first place. At a national level there is still significant competition on policy priorities and delivery between governmental departments. At an LGA level, the multi-agency and cross sector approach by many areas to working collaboratively was making the best of resources available and was viewed as overall having a positive impact. This paper also came to several conclusions. A whole government approach was critical to delivering success. LGA's needed to develop an early intervention / prevention approach across the whole linked landscape. Funding of the programmes and wider housing solutions needs to be consolidated and local partnership working needed to be enhanced and better coordinated. Lastly, at a national level we need to develop our evidence of what works better.

At the time of writing this paper, there is a new Government in Westminster, and the current Secretary of State for MHCLG, Angela Raynor, is overseeing the development of a new national Homeless Prevention and Rough Sleeping Strategy to deliver upon the manifesto pledge by the

³⁵ MHCLG (2025): *Systemwide evaluation of homelessness and rough sleeping: Preliminary findings*; Downloaded from [Systems-wide evaluation of homelessness and rough sleeping: preliminary findings - GOV.UK](#) on 30/4/25

³⁶ Cordis Bright (2024): *Systems wide evaluation of Homelessness – System maps*; Downloaded from [Project | Cordis Bright](#) on 30/4/25.

Labour Party.³⁷ This is anticipated to be launched in late 2025. It is hoped that this will consolidate the findings of The Kerslake Commission, The systems wide evaluation conducted by MHCLG and have linked funding to see its delivery succeed.

In December 2025 MHCLG published its new homeless prevention strategy³⁸. The strategy was developed after extensive consultation, engagement, and development through and with a wide range of delivery partners including people with lived experience of all forms of Homelessness.³⁹

The new five-year national strategy sets out five key pillars of delivery to make homeless rare, brief, and non-recurring. These pillars are: -

1. **Universal Prevention** – tackling the root causes of Homelessness.
2. **Targeted Prevention** – Support for people at higher risk of homelessness
3. **Preventing Crisis** – Helping people stay in their homes.
4. **Improving Emergency Responses** – improving temporary accommodation and making peoples experiences better if they do become homeless.
5. **Recovery and Preventing Repeated Homelessness** – ensuring people don't experience homelessness more than one and halving long-term rough sleeping.

These pillars pick up the themes from the 2024 paper by Mackie, Fitzpatrick, and Morris, *'Prevention into Action – Gaps and opportunities for locally led homeless prevention in England'* (see Early Intervention section below.)

The strategy is underpinned by an Analytical Annex, which sets out what we know about homelessness, the causes of homelessness, the costs of homelessness – to services and people, responses to Homelessness and how we collectively continue to build the evidence base.⁴⁰

There is also Lived Experience Forum report. This was written by Panel of experts delivered through four national charities. It identifies issues from an 'experts' perspective and identifies cross cutting themes in the 'system(s)' that impact homelessness and rough sleeping. The Forum Report makes a series of recommendations that are picked out in the Strategy.

Lastly the Strategy has a delivery action plan that underpins the delivery of each priority.⁴¹

There are a range of strategic priorities which set out delivery intentions and targets that impact both at a national and local level. They are cross cutting and run through government departments. Collectively they set out the commitment to delivering the five pillars.

Looking at the pillars and priorities in more detail.

Universal Prevention

- Increasing the supply of social and affordable housing - Build 1.5 million homes over 10 years - £39 Billion funding announced; deliver stability in the Social Housing market through a 10-year plan to limit social rent price increases and introduce Reforms to the Right to Buy – to make it sustainable and fairer. **Recommendation 40**

³⁷ [Change-Labour-Party-Manifesto-2024-large-print.pdf](#)

³⁸ MHCLG 92025) *National Plan to end Homelessness*. MHCLG; HM Government; Downloaded from [A National Plan to End Homelessness](#); last download 15/12/25

³⁹ MHCLG (2025), *Recommendations from People with Lived Experience for the cross government homelessness strategy*; Downloaded from [Recommendations from people with lived experience for the cross-government homelessness strategy](#); last download 15/12/25.

⁴⁰ MHCLG (2025), *A National Plan to End Homelessness – Analytical Index*; Downloaded from [HRS strategy analytical annex](#); last download 15/12/25.

⁴¹ MHCLG (2025), *National A Plan to End Homelessness – Tactical Plan*; Downloaded from [Cross-Government Homelessness and Rough Sleeping Strategy: Action Plan](#); last downloaded 15/12/25.

- Making sure social housing reaches the people who need it – introduces change to the local connection test (affects veterans’ survivors of DA and those in LAC under 25.) Introduce changes to local allocations policies, social landlords to cooperate and support the housing of homeless households in particular families, introduce changes to Social and Affordable housing program to ensure that 100% of first let’s go to LAs to house those most in need. National government will also legislate if these changes are not put in place voluntarily. Nationally, review how effectively RP’s use their stock **Recommendation 29**
- Supported Housing and housing for people with additional needs - Update regulatory processes, Develop best practice guidance to reduce tenancy failures, Develop a Partnership prevention toolkit, Targeted intervention and funding to specific areas of England – to be announced which areas and the Treasury to work across Government departments to improve VFM of homelessness interventions. **Recommendation 5**
- Reforming the Private Rented Sector - Renters Rights Act 2025, introduce a private landlords database of providers, empower LAs to issue penalties for landlords who break the law. **Recommendation 30 and 39**
- Supporting People to increase their earnings and incomes and tackling child poverty - Support increases in household incomes, increased national living wage, youth guarantee of employment, education or training, increased funding to employment support to get people back into work, review universal credit rates, continue to review LHA rates. Also introduce a Crisis and Resilience fund for LAs to access (this will incorporate Discretionary Housing Payments funding). **Recommendation 20**

Targeted Prevention

- Working Together to prevent homelessness - Introduce a Duty to Collaborate to prevent homelessness to all public services. **Recommendation 11, 12, 13**
- Addressing the barriers to accessing services – ensure services are accessible and understood by all. **Recommendation 7**
- Interventions to prevent discharge from public institutions into homelessness and support for groups at increased risk of homelessness – **Recommendation 28**
 - Prisons - Expand CAS offer for offenders leaving prison for first 84 days accommodation, Offender Mandatory Pre-release panels with HMPPS, Developing automation within HMPPS estate, support to deliver community sentences. **Recommendation 32 and 35**
 - Hospitals - No hospital discharge to the street – early identification and planning at point of admission to hospital, Better use of existing funding streams to reduce / funding intermediate care support needs. **Recommendation 33**
 - LAC system under 25’s - Review and update Care Act 2014, Publish new guidance to social care sector, Cross Government action plan for addressing under 25 yr old homelessness, Local Authorities required to publish their care offer to under 25s, Introduce corporate parenting requirements across Government departments and relevant bodies, Remove care leavers from ‘intentionally homeless’ provisions. **Recommendation 20**
 - Youth measures - Extend use of rent deposits by LA to young people, Deliver National Youth Strategy, £500 million to Families First across England, Invest in Family Hubs, Expand Mental health Support to schools and colleges, Pilot multi agency youth panels, Update youth advocacy services, develop a youth prevention toolkit. **Recommendation 20**

- Veterans - Expand on the successes of Upstream England, Expand Op Fortitude for veterans, Deliver the Valour program to all LA's, Deliver the Veterans Strategy, Improve data on Veterans and Homelessness.⁴²
- Refugee and migrant Homelessness - Improve processes, systems, services, and data around asylum seekers entering Homeless Services – including introducing single point of notification, return home offer, and better training for staff in the sector. **Recommendation 17**
- Domestic Abuse - Prevent homelessness for survivors of DA - toolkit for services, protection for survivors, and relief of survivor's debts, streamlined funding, support into safe accommodation and changes to local connection test.⁴³
- Exploitation and Human Trafficking - Update homelessness code of conduct to reflect impacts Modern Slavery
- People experiencing Multiple Complex disadvantage - Build upon Changing Futures to fund £55.88 million MCV program this would force LAs (housing and social care), Health, Justice, and DWP to cooperate to address these challenges. **Recommendation 34**

Preventing Crisis (Early Prevention)

- A system that prioritises prevention - £3.5 billion to rough sleeping services in England till 2028/29. Included in this will be funding for Homeless Rough Sleeping and DA grant. Multiyear settlement. **Recommendation 4, 20 and 31**
- Supporting people to access the right help at the right time - Help people access information and advice with updated information “know your rights” materials. **Recommendation 5**
- A shift toward Early Intervention - Expand Homeless Prevention duty to those households served a S8 notice, Develop best practice tool kits. **Recommendation 5**
- Person centred support to prevent rough sleeping - Share the Ending Rough Sleeping Tool kit with all LA's, Update Homelessness Code of Conduct to include those affected by rough sleeping, Ongoing funding to Street Link as primary reporting pathway, develop an outreach toolkit. **Recommendation 5**

Improving Emergency Responses (better TA and outcomes for people using it)

- Increasing the supply of good quality Temporary Accommodation - Invest £950 Million in LAHF to help council increase number of stock they can use for TA, Work with LAs to identify and increase access to better quality non-B&B TA, Develop TA tool kit, Review sustainable funding models to fund TA going forwards. **Recommendation 26**
- Improve the quality of Temporary Accommodation and the experiences of people living in it - Consult on Awaab's law being applied to TA, Review code of guidance on TA use, Duty to notify Schools, GP's, and Health visitors that a child is in TA, Identify and report on number of school days lost when a child is in TA, Introduce a clinical code for children in TA, End discharge of newborns to B&B TA. **Recommendation 27**
- Supporting and driving place based temporary accommodation models and sharing good practice - £30million to further fund Emergency Accommodation reduction pilots. **Recommendation 26 and 27**

Recovery and preventing repeat Homelessness

⁴² Herefordshire Veterans Action Plan - [Microsoft Word - \\$uatwnfqh.doc](#) and [Our commitment and Covenant Duty - Herefordshire Council](#)

⁴³ [Domestic abuse strategy - Herefordshire Council](#)

- Supporting people furthest from services and halving long-term rough sleeping - £15million to LAs with greatest RS need to assist them meet that demand Repeal Vagrancy Act by early 2026, Introduce long-term Rough Sleeper reduction plans to areas with high pressures of L/T RS., **Recommendation 23**
- Responding to harmful behaviours, support first, enforcement where necessary - DHSC will publish independent review into Mental Health and Rough Sleeping, **Recommendation 28**
- Access to specialist services – mental health, substance use and physical health - Commence six pilot sites to operate 24/7 Neighbourhood Community Mental Health Centres, £120Million to provide dedicated A&E Mental Health resources, £185million to fund RSDAG to 2028-29, Publish a cooccurring Mental Health and Substance use Delivery Framework for England. **Recommendation 13**
- Embedding person centred support in the community - Deliver person centred support through CVFS by a £37million fund, developing peer support workers. **Recommendation 9, 21 and 23**
- Support councils to provide housing led support and specialist housing for people with complex needs - Support models of supporting housing (housing First and Housing Led models) – toolkit to support delivery. **Recommendation 7**
- Support homeless into work – remove the benefits cliff edge cut off point with tapering, new jobs and careers advice, roll out Connect to Work program nationally. **Recommendation 7**
- Managing Finances and debt support - Work with banks to facilitate access to banking for those without OD to open and account. **Recommendation 13**

Foundations for delivery

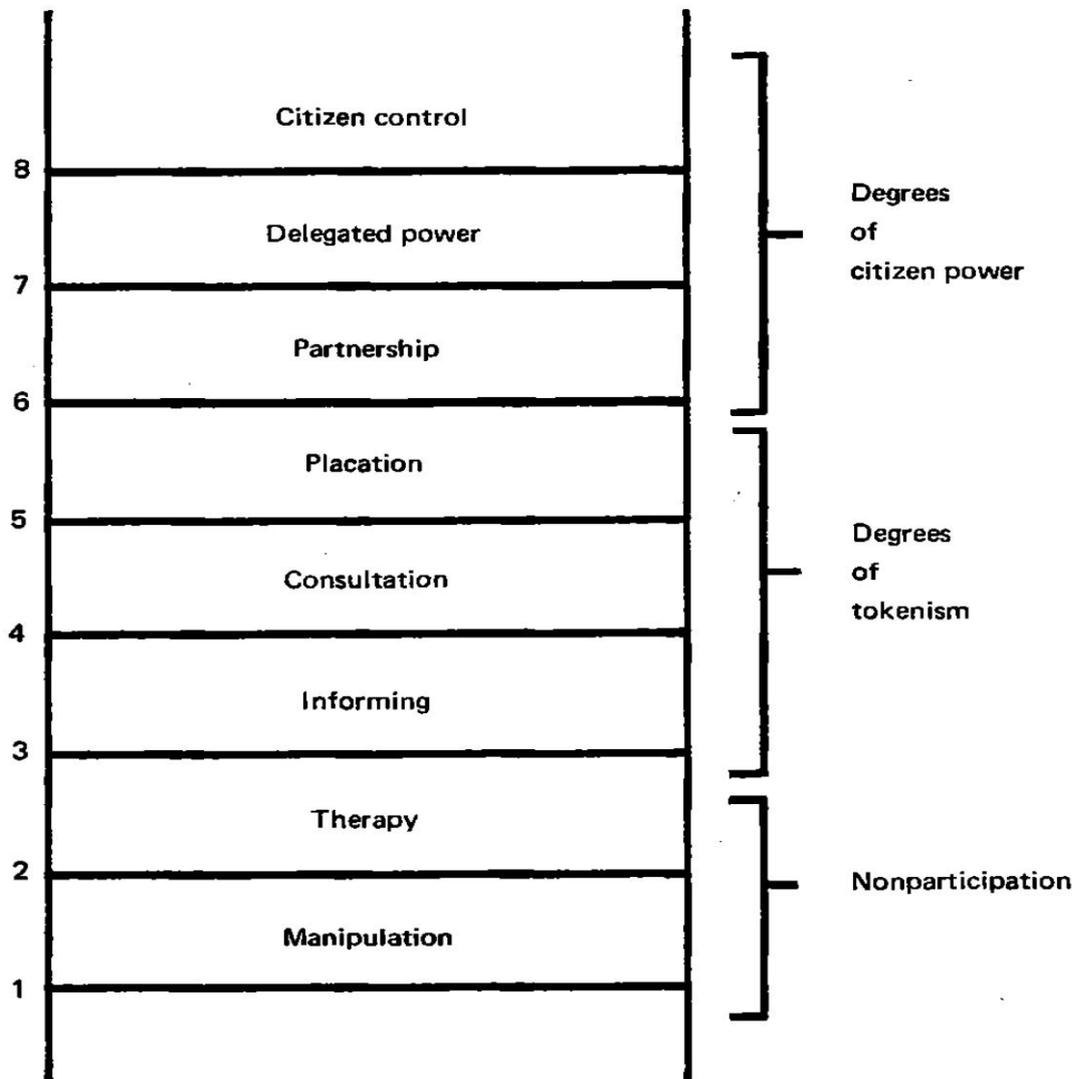
- Launch the new national workforce programme.
- Use data to shape, change, and deliver – expand lived experience programmes, reduce burden on LAs in-data collection processes, identify and fill key evidence gaps in our national data picture, develop tool kits, create new public dashboards, increase use of AI. **Recommendation 13**
- Monitoring Processes – raft of national partners, agencies, bodies, and business representative groups have signed up to support this. National monitoring through cross ministerial body.
- Outcomes Framework for local government Priority outcome - To prevent and reduce homelessness and rough sleeping. It will measure.
 - Households with children in temporary accommodation
 - Families in B&B over 6 weeks
 - People sleeping rough on a single night.
 - People sleeping rough over the month who are long term.
 - Success at preventing and relieving homelessness with a Sub metric of for those experiencing multiple disadvantages.
- Support for workforce – new national workforce development programme to be developed to increase recruitment and retention. **Recommendation 8 and 22**

Co-production

Co-Production is the broad term used to describe how programs of work are developed in partnership between the recipients of the services and the deliverers of the service. It is best articulated by reference to Arnstein's Ladder of Public Participation

Sherry Arnstein's⁴⁴ typology of citizen participation was originally theorised in 1969 and is still presented as a metaphorical "ladder," with each ascending rung representing increasing levels of citizen agency, control, and power. In addition to the eight "rungs" of participation, Arnstein includes a descriptive continuum of participatory power that moves from *nonparticipation* (no power) to *degrees of tokenism* (counterfeit power) to *degrees of citizen participation* (actual power).

Figure 1: Arnstein's Ladder of Participation.



Arnstein first set out her theory of citizen participation in the *Journal of American Planning*, in 1969. In the article she posed a question, that whilst it relates to planning processes and development, can be interpreted much more widely than this single area of public discourse. Her question was:

⁴⁴ [Ladder of Citizen Participation – Organizing Engagement](#)

“The idea of citizen participation is a little like eating spinach: no one is against it in principle because it is good for you. Participation of the governed in their government is, in theory, the cornerstone of democracy—a revered idea that is vigorously applauded by virtually everyone. The applause is reduced to polite handclaps, however, when this principle is advocated by the have-not blacks, Mexican Americans, Puerto Ricans, Indians, Eskimos, and whites. And when the have-nots define participation as redistribution of power, the American consensus on the fundamental principle explodes into many shades of outright racial, ethnic, ideological, and political opposition.”

Whilst the racial and ethnic overtones may not be as overt in 2025, the ideological and political opposition can be. What about the cost? How do we include everyone? It is too difficult! And so on, are commonly heard.

Arnstein’s answer was simple:

“My answer to the critical ‘what’ question is simply that citizen participation is a categorical term for citizen power. It is the redistribution of power that enables the have-not citizens, presently excluded from the political and economic processes, to be deliberately included in the future. It is the strategy by which the have-nots join in determining how information is shared, goals and policies are set, tax resources are allocated, programs are operated, and benefits like contracts and patronage are parcelled out. In short, it is the means by which they can induce significant social reform which enables them to share in the benefits of the affluent society.... participation without redistribution of power is an empty and frustrating process for the powerless.”

By reference to Figure 1 above, it can be observed that steps 1 – 5 on the ladder are broadly how things are ‘done’ to citizens. They are tokenistic in nature and approach. Broadly put, they are aimed at appeasement. At the other end of the ladder, steps 6 – 8 are inclusive, they involve citizens in not just government and societal reform, but more widely in the services they receive.

Since Arnstein proposed her ‘ladder of participation’ numerous research projects have shown, time and again, that systems that are designed with and built with the users of those systems at its heart, citizens who are involved in the designing, building and running of those systems, are, not only, better systems at delivering the service they were intended for, but also they are better at reaching citizens, and also citizens have better outcomes. And, because these outcomes are more effective, there is less chance they fail and in doing so develop to crisis point. In the context of housing and homelessness prevention, it can be observed that housing systems such as those in Calgary and Finland have better outcomes for people who are homeless. These are very much systems that have been co-designed, built and delivered with and by people affected by Homelessness. **(Recommendation 18, 21, 23)**

In the 2024 article from the Wiley Health and Social Care in the Community; Review Article: A Scoping Review of the Experiences and Outcomes of Stigma and Discrimination towards Persons Experiencing Homelessness by Canham et al⁴⁵, it explores how the overriding barrier to preventing, reducing and ending homelessness is the stigmatisation and discrimination towards people experiencing homelessness – over and above ethnicity, sex, age, etc. Simply put, existing systems do not acknowledge persons experiencing homelessness. The review looked at over two hundred global studies dating from 2022, back to the early 1990’s.

The review found that generally persons experiencing homelessness experienced stigma and discrimination at every stage of their lives on the street, from services, as well as from the wider

⁴⁵ Canham S. L. et al (2024); *Review Article: A Scoping Review of the Experiences and Outcomes of Stigma and Discrimination towards Persons Experiencing Homelessness*; Wiley, Health and Social Care in the Community, Volume 2024 Article ID 2060619. Downloaded from <https://doi-org/10.1155/2024/2060619> on 26/7/25.

public at large. People experiencing Homelessness are amongst the most vulnerable in our society⁴⁶. (see Health section for health and morbidity data).

This brings into play another series of questions: –

- What is understood about the needs, support or otherwise, about people experiencing homelessness?
- How do we approach working with people experiencing homelessness?
- What are the issues facing people experiencing homelessness?
- What is the trauma that people experiencing homelessness have faced?
- How do we work in such a way as to mitigate this trauma homeless people face experienced? **(Recommendation 28)**

In the MHCLG 2020 national survey of over 550 people who were rough sleeping within the previous year⁴⁷, 96% of respondents had another vulnerability or support need in addition to being homeless. 83% of respondents had a physical health need, 82% of respondents a mental health vulnerability and 65% had been the victim of a crime in the six months preceding the survey. 60% of respondents had an alcohol or addiction support need. 72% of respondents had experienced adverse childhood trauma in the form of spending time in the care system, being permanently excluded from school, regularly truanted or left school before 16. **(Recommendation 2)**

Only 7% said they were currently employed, although 80% stated they had been employed over a year ago – only 4% of UK Nationals though, compared to 17% of non-UK nationals. 79% were in receipt of some form of state benefits.

These complex multiple difficulties exacerbate the trauma, that people experiencing homelessness, are already living with. Research in Herefordshire in 2021, with rough sleepers accommodated as part of the 'Everyone In' MHCLG mandate, found that between the twenty-eight people rough sleeping at the time, they had an average of twenty adverse childhood experiences each, whilst children. As homeless adults they had experienced a similar number of traumatic events.

In 2023, the Local Government Association (LGA) published an excerpt from a report by Nottinghamshire County Council: Support for people experiencing severe multiple disadvantage.⁴⁸ In Nottinghamshire (population 824,800)⁴⁹ it is estimated that 30,000 people (3.7% of population) experience two of the four key MCD indicators – substance use, mental ill health, homelessness and domestic abuse. If the same indicator was used for Herefordshire's population, then some 6,837 people would be similarly affected by MCD! **(Recommendation 5a)**

What has been proven to positively impact upon the lives and health of people with experience of homelessness (and other public service provisions) is how services work with people. Persons experiencing multiple exclusion homelessness require a different approach. No single agency, working in isolation, can resolve the problems people affected by it face. Multi-agency models of working have been proven to deliver tangible change to the landscape.

Since 2020, Herefordshire developed our own pathway, BRAVE (Building Resilience Against Endemic Vulnerabilities) to work with and assist people affected by multiple exclusion homelessness. The BRAVE pathway utilises a management structure of Gold (Strategic leaders), Silver (Operational managers), and Bronze (Operational staff) to deliver a multi-agency pathway which builds upon much of the research, advice and guidance that was drawn from the original 2018 Thematic Review of Homelessness in Herefordshire. The Bronze level utilises two best

⁴⁶ [Reviewing-the-deaths-of-people-facing-multiple-disadvantage.pdf](#)

⁴⁷ [Rough Sleeping Questionnaire: initial findings](#)

⁴⁸ [Nottinghamshire County Council: Support for people experiencing severe multiple disadvantage | Local Government Association](#)

⁴⁹ [population of Nottinghamshire 2024 - Google Search](#)

practice models of Team around Me⁵⁰ (based upon FLIC's Team around me model of multi-agency support) and Breaking the Cycle (based upon multiple multi-agency models of breaking the repeated cycles of abuse and neglect). These two approaches work respectively in collaboration with people ready and able to engage with services and for people who are not yet ready to engage with services. Both adopt the Homeless Link 'GROW' model – what is your goal? where are you now? what could you do? and what will you do?⁵¹ Both approaches take advantage of guidance and advice such as the 2024 Multiple Exclusion Homelessness – A safeguarding Toolkit for Practitioners⁵² by Ornelas et al and the Radical Safeguarding Toolkit – Homelessness by the National Children's Bureau⁵³

In 2022 Herefordshire was successful in securing membership to the Making Every Adult Matter (M.E.A.M.) network. M.E.A.M. is a coalition of national charities - Clinks, Collective Voice, Homeless Link, MIND. They collectively deliver support and advice to Local Government areas to improve services to individuals affected by multiple disadvantage. Its aim is to support areas to transform their services and systems for people affected in this way. At the core of the M.E.A.M. approach is the principle of co-production of services with the users of those services. Again, some LGA's are more advanced in their development of these services and models. The Fulfilling Lives in Islington and Camden Team have developed a WellSpace Guide.⁵⁴ This scheme sets out how to develop a multi-agency and cross sector space that delivers holistic, co-designed and co-produced services where the voice of the person experiencing complex difficulties is at the centre of all that is done. It adopts a trauma informed approach to working with people and between agencies. **(Recommendation 23)**

The 2024 review of the M.E.A.M. network by Cordis Bright⁵⁵ highlights the critical role that the M.E.A.M. network has had to play in the development of, and improvements to the co-production agenda across England.

The 2022 DLUHC Test and Learn⁵⁶ program (delivered by Centre for Homelessness Impact) developed a series of eight interventions to work across the Homelessness sector. Each of these stages were designed and produced with experts by experience. The outcomes are being reported on similarly. The eight themes are: -

- Outreach with health Specialism
- Citadel – Community integration and relationships
- Personalised budgets
- Time limited accommodation and legal advice for people with restricted eligibility
- Individual placement and support
- Arrangement for people without a local connection
- Better use of council data to prevent homelessness.
- Department of Education programme for care leavers at risk of homelessness.

This review will not speak to the outcome of these themes, they are mentioned as it is an example of how co-production can be incorporated throughout a program or strategy.

There are now multiple examples of co-production across English LGA's (Devon, Hampshire, Oxfordshire, Slough, Tower hamlets, Hertfordshire, and Worcestershire to name a small few). The tool kits referenced above set out practical steps to follow to establish co-production processes in an LGA. By utilising a strengths-based approach to working with and for people

⁵⁰ [SHP-Team-Around-Me-Evaluation-Report.pdf](#)

⁵¹ [Coaching for goal setting | Homeless Link](#)

⁵² [safeguarding-multiple-exclusion-homelessness-toolkit-2023.pdf](#)

⁵³ [radical-safeguarding-toolkit-for-homelessness-pt_web.pdf](#)

⁵⁴ [flic_wellspacehowtoguide_may2022-compressed.pdf](#)

⁵⁵ [Reviewing-impact-of-support-2022-24_final.pdf](#)

⁵⁶ CHI (2025): *Test and Learn – Systems-wide Evaluation – Programme Overview*; Downloaded from [Test and Learn](#) on 30/4/25.

LGA's have been able to demonstrate improvements to people experience of systems and process and the services being delivered. As identified in Wilson et al "Good and Bad Help"⁵⁷ the traditional public service approach of fixing things for people or encouraging people to take action to meet the service's priorities has been shown to be 'bad help.' In the long-term it just does not work. People have strengths, even if they do not know what they are. Allowing them to access these strengths, skills, experiences, and networks allows them to participate and develop their potential and these can be utilised to develop new community and personal assets. Drawing on these strengths and involving people in the design and delivery of public services is seen as a way of developing and delivering social capital. Cottam (2018) in her book "Radical Help"⁵⁸ sets out how this approach could help revolutionise public services by redesigning services by co-producing them with clients and using their strengths about the system. The limited research does demonstrate that this approach leads to better outcomes for service users and lower costs for service providers as they intervene earlier and before crisis point is reached. **(Recommendation 21)**

The Care Act 2014 sets out the following guidance on what is Strengths Based Practice –

Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets.

As such, it concerns itself principally with the quality of the relationship that develops between those providing and those being supported, as well as the elements that the person seeking support brings to the process.

Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services.⁵⁹

It can be observed that Herefordshire Council, through the Community Wellbeing Directorate, has commenced development of a co-production pathway and a series of Experts by Experience panels, but it is still at very early stages and not yet fully extended to include housing pathways. Finally, two of the more recent studies may offer help in further progressing this work – Ten Actions for an Asset-Based Area (2022)⁶⁰ by the Think Local Act Personal and What Next for Strength based areas? (2022) by SCIE.⁶¹ **(Recommendation 18, 23)**

⁵⁷ [good and bad help 0.pdf](#)

⁵⁸ [Radical Help – Hilary Cottam](#)

⁵⁹ [Care Act guidance on strengths-based approaches - SCIE](#)

⁶⁰ [Ten-Actions-for-an-Asset-Based-Area-TLAP-Report.pdf](#)

⁶¹ [New report asks, 'what next for strengths-based areas?' - TLAP](#)

Health

There has been a voluminous amount of research published covering all aspects of how Rough Sleeping impacts upon the health (physical and mental) of individuals who are rough sleeping in urban environments. Research in rural settings is considerably less, and whilst it is evolving shows similar impacts upon a person's health as the urban research, but impacted by centralised, less diverse resources. (Tunaker et al 2023)⁶²

It can be observed that collectively these articles all set out that the cost to individuals experiencing rough sleeping, or in unstable accommodation, and the 'state' are significantly greater than costs associated with individuals in stable accommodation. (Around four times greater). Mortality rates are poorer, with life expectancy about half of an individual with stable accommodation. It can be observed that many of the reasons behind this are linked to the lack of a stable home and only accessing medical support once crisis point has been reached, if at all.

The impact of good quality stable housing on a person's health was reported upon by Expert Citizens CIC⁶³ in 2025 in its review undertaken in Stoke-on-Trent. The links to health improvement in this urban setting are clear to see. This review was co-produced with users of the various services and occupiers of the homes. It highlighted the positive impact of having access to a home in a safe location, which was well maintained, with good services and transport links withing walking distance was crucial to stability and recovery.

In March 2018 Scott produced his '*Blue Light Evaluation Report*'⁶⁴. The Blue Light program focused upon thirty-nine individuals with acute alcohol related issues. Over the 18 months the program ran 36% of clients engaged with services and no longer had an impact upon the public sector. 26% had a neutral effect – they left the area or were closed as a client (but did not come to notice of the public sector afterwards). 15% either did not engage or became worse. (It can be observed that there are Criminal Justice options to now force engagement or at least moderate behaviour – available upon conviction for a criminal offence.)

The Blue Light Evaluation Report makes five recommendations (Pg26): -

1. Agree realistic expectations with clients & document them to track progress.
 - a. Develop joint care plans.
 - b. Develop exit strategies for clients. (See Groundswell (2017) "*The Escape Plan*" as a good example of care plan and exit strategies.⁶⁵
2. Consider partnership investment in an outreach function.
3. Induction processes for new agencies / staff joining the program to ensure consistency, coupled with a consistent approach to staff attending meetings.
4. Training to be provided to staff on the Blue Light Program.
5. Adequate and accurate note taking capabilities and an agreed methodology for outcome monitoring.

⁶² Tunaker, C. Dr., Carr, H. Prof., Burke, L. Dr., Guillermo Reyes, P. Dr., (2023); *Homelessness in the Countryside: A Hidden Crisis*; University of Kent & University of Southampton; downloaded from [0323-Kent Countryside-Homelessness-Report_V1.pdf](#). Last download 05/08/25

⁶³ Expert Citizens, (2025) Housing and Health Stoke-on-Trent, downloaded from [Housing and Health - Expert Citizens](#) last download 30/7/25.

⁶⁴ Scott M. (2018): *Blue Light Evaluation – Medway*; downloaded from [www.tonic.org.uk](#)

⁶⁵ Groundswell (2017) *The Escape Plan – The notebook*. Groundswell: Downloaded from [www.groundswell.org.uk](#): last download 1/6/18. & Groundswell (2017) *The Escape Plan*. Groundswell: Downloaded from [www.groundswell.org.uk](#): last download 1/6/18

This issue was further expanded upon in the Drink and Drug 2024 article “Missing Lifelines”⁶⁶, where the correlations between alcohol use and suicide are expounded. 80% of people with alcohol dependence are not in treatment. When they are they require intense support for an extended period of time, but there are not enough resources to support all in need.

Between organisations such as Groundswell (2017), Homeless Link (2014)⁶⁷ and Crisis (2012)⁶⁸ there is a wealth of statistical evidence, experience, and information about the impacts of homelessness and rough sleeping on an individual’s health. These impacts are explored across this review of the available literature. Of course, these impacts are recurring, in as much as they frequently lead to Post Traumatic Stress Disorder (PTSD) and the systems of ‘State’ bureaucracy leads to retraumatisation, over and over again. In the 2018 piece by Kvarnstrom,⁶⁹ the theme of trauma and retraumatisation is explored and sets out steps to help mitigate this, such as reducing the instances whereby an individual has to tell their ‘story’.

At this juncture, it is worth mentioning Ward and Preston-Shoots 2020 paper “Safeguarding Vulnerable Dependent Drinkers”. In it they set out the issues and difficulties of working with change resistant drinkers and suggest viable solutions for workers attempting to engage and work with them. They also set out recommendations for a local ‘action plan’ (Pg 43)⁷⁰ These are:

- The Safeguarding Adult Board in each area should ensure that there is a senior strategic level group that takes on oversight of this agenda. This is most likely to be the SAB itself but could be another body. **(Recommendation 11)**
- The oversight group should ensure that all key local agencies have received and considered this briefing and indicated what steps, if any need to be taken to ensure the safeguarding, protection, and support of this client group. **(Recommendation 12)**
- The oversight group should identify any service gaps that need to be considered by local substance misuse commissioners. **(Recommendation 11)**
- Substance misuse commissioners should ensure that the needs of this group are addressed in any needs assessments and commissioning plans. **(Recommendation 11)**
- Substance misuse commissioners should consider establishing a specialist post, probably a social worker or mental health nurse, who is expert in both the assessment of this client group and the use of the available powers, to advise on or undertake the management of this client group. **(Recommendation 13)**
- The oversight group should ensure that training on the use of these powers is available for those working with chronic dependent drinkers. **(Recommendation 8)**

This impact upon a person’s mental health is poorly understood in the context of homelessness and complex disadvantages. This is even more so in rural settings, where centralised resources and poor transport links compound the feelings of loneliness and helplessness. This has been acknowledged and in May 2025 Worcester University⁷¹ announced a new research program to research these impacts. Furthermore, In the July 2025 article by the Housing Learning and Improvement Network, the issue of social loneliness is explored. It offers three possible solutions;

⁶⁶ Wood H; (2024): *Missing Lifelines*; Drink and Drug News Downloaded from www.drinkanddrugnews.com on 30/4/25.

⁶⁷ Homeless Link (2014): *The unhealthy state of homelessness – Health Audit results 2014: Homeless Link: downloaded from www.homelessink.org.uk: last downloaded 1/6/18*

⁶⁸ Thomas B. (2012) *Homelessness Kills: An Analysis of Mortality of homeless people in Twenty-first century England*: The University of Sheffield: Published by Crisis UK: November 2012

⁶⁹ Kvarnstrom, E. (2018): *How to Avoid Retraumatization When Talking To Your Loved One with PTSD*: Downloaded from How to Avoid Retraumatization When Talking To Your Loved One with PTSD – BrightQuest Treatment Centres on 30/4/25.

⁷⁰ Ward M., Preston-Shoot M., (2020); *Safeguarding Vulnerable Dependent Drinkers*; Downloaded from safeguarding-vulnerable-dependent-drinkers.pdf; last download 2/9/25.

⁷¹ University of Worcester (2025) Press Release – Rural Mental Health research unit. Downloaded from Multi-Million Pound Boost for Mental Health Research in Herefordshire and Worcestershire - University Of Worcester. Last Download 30/7/25.

integrated communal housing, connected communities; and breaking down the silos between health and housing – good quality housing improves health: -

“By breaking down silos between health and housing, we can create neighbourhoods that don’t just house people but help them thrive. The places we live shape the way we live, and how long and well we live. It’s time to reignite the lost art of neighbouring and take intergenerational communal housing seriously as a public health strategy.”⁷²

In Taylors 2025 paper “The Opposite of Siege Mentality”: Collaborative Action on Inclusion Health⁷³, she sets out what is required at a local and national level to leverage the most from new ICB structures to maximise the opportunities for success. Taylor makes a series of recommendations. (The paper sets these out in more detail). At a local level, these are: -

- Prioritises leadership and governance.
- Builds Systems Engagement
- Understand and evidence need, and
- Embed a commitment to safeguarding.

She also makes seven key structural and system change recommendations at a National Level.

It can be observed that there is a critical link between good quality, stable and safe accommodation, and health. In the 2025 article by The Local Government and Social Care Ombudsman titled “Access Denied: Reducing the barriers for disabled people when accessing council housing and homelessness services.”⁷⁴ It sets out what the key barriers are to people with disabilities accessing housing and makes five key learning recommendations: -

1. Plan Strategically – to meet the needs of disabled people when planning for housing in local plans, **(Recommendation 26, 27, 40a, b, c)**
2. Policy and Practice – be prompt, be accurate and keep good records, particularly in assessments and reviews, **(Recommendation 8)**
3. Allocate housing fairly – properly consider individual circumstances, do not just make blanket policy decisions,
4. Consider Aids and Adaptations to unsuitable temporary accommodations – it makes a huge difference to someone’s quality of life, and
5. Collaborate – with other such as Welfare, Benefits, Social Care departments and other councils. **(Recommendation 11, 12, 13, 30, 36)**

It must be noted that we have all seen people rough sleeping who are obviously disabled, and this begs the question, “Are they more vulnerable than another person experiencing rough sleeping or homelessness, and if so, why do they not pass the ‘Priority Need’ housing test as set out in the ‘Legal Context’ section of this review?”

In the 2024 guidance issued by MHCLG (Discharging people at risk of or experiencing homelessness⁷⁵), The first point it highlights is that Homelessness is a health issue – people experiencing homelessness often have physical and mental health support needs, including high

⁷² Housing Lin (2025) Viewpoint 111 – Loneliness is a public health crisis and neighbourisms should be part of culture. Downloaded from [Loneliness is a public health crisis and neighbourisms should be part of the cure - Resource Library - Resources - Housing LIN](#). Last download 30/07/25.

⁷³ Taylor G. (2025), *The Opposite of a Siege Mentality: Collaborative Acton on Inclusion Health*, Downloaded from [“The Opposite of a Siege Mentality”: Collaborative Action on Inclusion Health – Pathway](#). Last download on 30/07/25.

⁷⁴ LGSC Ombudsman (2025) Access Denied: Reducing the Barriers for disabled people when accessing council housing and homelessness services, Downloaded from [Housing for Disabled people - Local Government and Social Care Ombudsman](#). Last download 30/7/25.

⁷⁵ MHCLG (2024); discharging people at risk of or experiencing homelessness; Downloaded from [Discharging people at risk of or experiencing homelessness - GOV.UK](#) on 30/4/25.

levels of frailty, brain injury and disability. The multimorbidity issues are exacerbated by poverty, psychological trauma, drug and alcohol abuse and self-neglect.

In Homeless Links 2014 National Homeless Health Audit⁷⁶, 73% of participants reported physical health issues (41% long term), 80% reported mental health issues (45% diagnosed), 39% used drugs or are recovering from drug use, 27% had or recovering from an alcohol problem (66% consuming more than the RDA), 35% had been to A&E in the preceding 6 months and 26% had been admitted to hospital in the same time scale. These are all worse than the general population.

Thomas, in his 2012 article published by Crisis, “Homelessness Kill: An analysis of mortality in Homeless people in twenty-first century England”⁷⁷ identifies that the average age of death for a Homeless individual is forty-seven for men, forty-three for women. (Nearly half the average age of the general population). The average homeless population are between 3-4 times more likely to die early than the general population. Drug and alcohol are the most common main causes of early death. The guidance quotes NICE recommendations that state that NHS Trusts should consider specialist intermediate care pathways for groups at risk of or experiencing homelessness. This approach should work seamlessly with mainstream and specialist service’s working to alleviate homelessness. For this reason, the 2017 Homeless Reduction Act places a legal duty on NHS Trusts to comply with ‘Duty to Refer’ requirements for people who are or at risk of homelessness upon discharge. The guidance goes on to explain a range of steps that health care settings should be taking to assess and care for individuals in these circumstances.

(Recommendation 3)

*The US National Academies of Sciences, Engineering and Medicine (2018)*⁷⁸ published its paper “Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes among People Experiencing Chronic Homelessness.” It set out the business case around permanent supportive housing as a means to improve health outcomes for people experiencing chronic homelessness. **(Recommendation 26, 27, 40)**

In 2019 the Advisory Council on the Misuse of Drugs published its report to the Home Secretary “Drug related harms in homeless populations and how they can be reduced.”⁷⁹ This report has five specific recommendations. (Pg36-18) These are: -

1. *Housing Policies, strategies, and plans across the UK should specifically address the needs of people who use drugs and are experiencing homelessness by recommending evidence-based housing provisions, such as housing first; enabling collaboration across departments and agencies to ensure these interventions have a chance to succeed.*
2. *Services at a local level must be tailored to meet the specific needs of substance users who are currently experiencing or have recently experienced homelessness – including evidence based and effective harm reduction and substance use treatment approaches with the capacity, resource, and flexibility to reach them. Services need to consider people who are experiencing multiple and complex needs and adopt psychologically informed approaches. **(Recommendations 32, 33, 34, 35)***
3. *Substance use, mental health, and homelessness services must use evidence-based approaches such as integrated and targeted services, outreach, and peer mentors to engage and retain homeless people in proven treatments such as opiate substitution treatment. **(Recommendations 32, 33, 34, 35)***

⁷⁶ Homeless Link (2014): *The unhealthy state of homelessness – Health Audit results 2014: Homeless Link*: downloaded from www.homelessink.org.uk: last downloaded 1/6/18.

⁷⁷ Thomas B. (2012) *Homelessness Kills: An Analysis of Mortality of homeless people in Twenty-first century England*: The University of Sheffield: Published by Crisis UK: November 2012

⁷⁸ *National Academies of Sciences, Engineering and Medicine (2018): Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness: Washington, DC: The National Academies Press: downloaded from www.doi.org/10.17226.25133: Last Downloaded 30/7/18*

⁷⁹ ACMD (2019): *Drug-related harms in Homeless populations and how they can be reduced*; downloaded from www.homeoffice.gov.uk on 1/7/19

4. *Service providers should be aware of the levels of stigma experienced by people who are homeless and are engaged with substance treatment or who choose not to engage due to the experiences of stigma and oppression they have had. Respect, choice and the uniqueness of the person should be at the core of the design and delivery of the service provision in respect of substance use and homelessness services. (Recommendation 23)*
5. *The workforce in substance misuse and other services which have contact with the homeless need to have skills in dealing with complexity and retaining drug users in treatment. (Recommendation 8)*

McDonagh (2011)⁸⁰ examines the causes of homelessness and the impact a person's history has upon their lives. It reviews four projects to dissect the impact between homelessness, health, and other support needs.

The prevention agenda is further explored by Homeless Link (2015) in their paper "*Preventing Homelessness to improve health and wellbeing – Evidence review into interventions that are most effective in responding to health and wellbeing needs amongst households at risk of homelessness.*"⁸¹

In 2024, The Care Quality Commission published its paper "Fundamental Standards"⁸². This set out the fundamental standards below which care must never fall. The standards are: -

- Person centred care,
- Visiting and accompanying
- Dignity and respect
- Consent
- Safety
- Safeguarding from abuse
- Food and drink
- Premises and equipment
- Good governance
- Staffing (and fit and proper staff)
- Duty of candour
- Display of rating of the service
- A complaint system.

In the March 2022 NICE guidelines on Integrated Health and Social Care for People Experiencing Homelessness (NG214)⁸³ the body set out twenty key recommendations. Encompassed within these are some eighty-seven sub-recommendations. They set out recommendations about the co-design and co-delivery of services enabling access, engagement, reengagement with services, communication. Planning and commissioning of resources, assessments, housing, development of multi-disciplinary teams, peer mentors, and outreach services amongst others.

⁸⁰ McDonagh T. (2011) *Tackling Homelessness and Exclusion: Understanding Complex Lives*: Joseph Rowntree Foundation: London: Downloaded from www.jrf.org.uk: Last Download on 31/7/18.

⁸¹ Homeless Link (2015) *Preventing Homelessness to Improve Health and Wellbeing – Evidence Review into interventions that are effective in responding to health and wellbeing needs amongst households at risk of Homelessness*: London: Homeless Link: Downloaded from www.homeless.org.uk: Last downloaded on 1/6/18

⁸² CQC (2024): *The Fundamental Standards*; Downloaded from [The fundamental standards - Care Quality Commission](https://www.cqc.org.uk/publications-and-reports/fundamental-standards) on 30/4/25

⁸³ NICE (2022) *Integrated health and social care for people experiencing homelessness*; downloaded from [Overview | Integrated health and social care for people experiencing homelessness | Guidance | NICE](https://www.nice.org.uk/guidance/ng214) on 30/4/25

Further developing the principles in the NICE Guidelines, the new NHS Ten Year Plan⁸⁴, as set out by HM Government seeks to bring many of these services closer to communities and better integrated to deliver earlier prevention-based services and health care. Single medical records and access to better GP, dental and community health services are all set out. **(Recommendation 1, 6, 11, 12, 13, 18, 20, 21, 23, 33, 34)**

The 2022 review of six deaths in the homeless community of Herefordshire by Preston-Shoot and Ward⁸⁵ on behalf of Herefordshire Safeguarding Adults Board, the review made twelve recommendations – related to strategic oversight, operational management, early intervention, and coordinated responses to need. **(Recommendation 1, 5, 7, 9, 11, 12, 13, 21, 33, 34)**

The 2024 review undertaken by M.E.A.M. sets out over four sections why so many people facing multiple disadvantage are at risk of premature death, why LGA areas should review premature deaths, explores how SARs should be the template to review such deaths and finally how LGA's can develop their review processes. It echoes the 2022 Herefordshire findings.

Both reviews drew clear links between the prevalence of poor physical and mental health and a person's experiences of multiple disadvantages. These ailments in themselves lead to substance misuse, the individual losing their home and adverse engagement with the Criminal Justice System. All would be more likely to be prevented if early intervention took place.

The reviews also made links between systems that do not address these issues, client deaths or serious health issues and staff welfare, retention, recruitment, and staff mental ill-health. **(Recommendation 3)**

Lastly, the M.E.A.M. review makes clear links between the likelihood of success being achieved in systems that are co-designed and co-produced between providers and users of the services.

The data around health impacts for people experiencing homelessness have remained consistent nationally as recorded in Homeless Link (2015) "*Homeless Health Needs Audit – Better planning to improve the health of people who are homeless in your area.*"⁸⁶ They are echoed in the 2019 "*Herefordshire's Homeless Link Health Needs Audit Report.*"⁸⁷

There are further papers on respiratory health, (Groundswell 2017)⁸⁸, Bacterial infections (Groundswell 2017)⁸⁹, dental health (Groundswell 2017)⁹⁰ All support an early identification and prevention approach delivered in partnership between agencies and bodies.

Between Dec 2016 and February 2018, Herefordshire undertook the Homeless Link Health Needs Audit. The report and findings were published in February 2019.⁹¹ One Hundred and two comprehensive assessments were undertaken with people who were or had been rough sleepers, sofa surfing or other chaotically housed or in specialist supported living

⁸⁴ NHS England (2025), NHS Ten Year Plan, downloaded from [Fit for the future: 10 Year Health Plan for England](#). Last download on 30/7/25.

⁸⁵ Preston-Shoot, M., Ward, M. (2022); *Thematic Review: Premature Deaths – A Review for Herefordshire Safeguarding Adults Board*. Downloaded from [Thematic Review: Premature Deaths](#). Last download on 5/8/25.

⁸⁶ Homeless Link (2014): *Homeless Health Needs Audit – Better Planning to Improve the Health of People who are Homeless in your Area: Homeless Link*: downloaded from www.homelessink.org.uk: last downloaded 1/6/18

⁸⁷ Herefordshire Council (2019): *Herefordshire's Homeless Link Health Needs Audit Report*. Herefordshire Council, Published 1/5/19.

⁸⁸ Groundswell (2017) *Room to Breathe – A Peer led health Audit on the Respiratory Health of People Experiencing Homelessness*: Groundswell – Out of Homelessness. Downloaded from www.groundswell.org.uk: last download 1/6/18.

⁸⁹ Groundswell (2017) *Action Update – Bacteria Infections*: Groundswell – Out of Homelessness. Downloaded from www.groundswell.org.uk: last download 1/6/18.

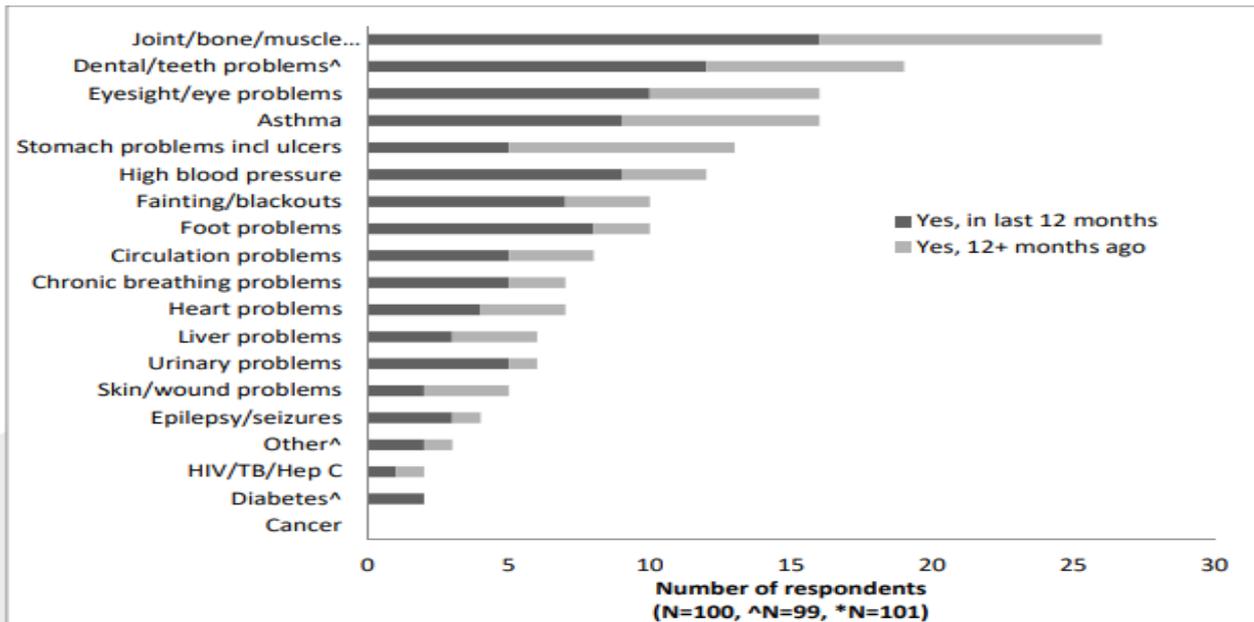
⁹⁰ Groundswell (2017) *Healthy Mouths – A peer-led audit on oral health of people experiencing homelessness*: Groundswell – Out of Homelessness. Downloaded from www.groundswell.org.uk: last download 1/6/18.

⁹¹ *Herefordshire Council (2018) Health Needs Audit 2018*: Hereford: Downloaded from www.herefordshire.gov.uk: Last downloaded on 1/1/19.

accommodation. The findings were reported to the Herefordshire Health and Wellbeing Board. The review sets out the finding of Thomas’s 2012 report “Homelessness Kills.⁹²” This is broadly used for comparison purposes against the Herefordshire data.

The majority of respondents were male (82%), white British (92%) and the average age was 34.5 years. Participants were sleeping in a hostel or supported accommodation (n=43; 42%), in emergency accommodation (n=23, 23%), rough on the streets or in a park (n=15, 15%) or on someone’s sofa/floor (n=14, 14%). Six percent of respondents did not have recourse to public funds.

When physical health problems and conditions were assessed, the following conditions were identified.

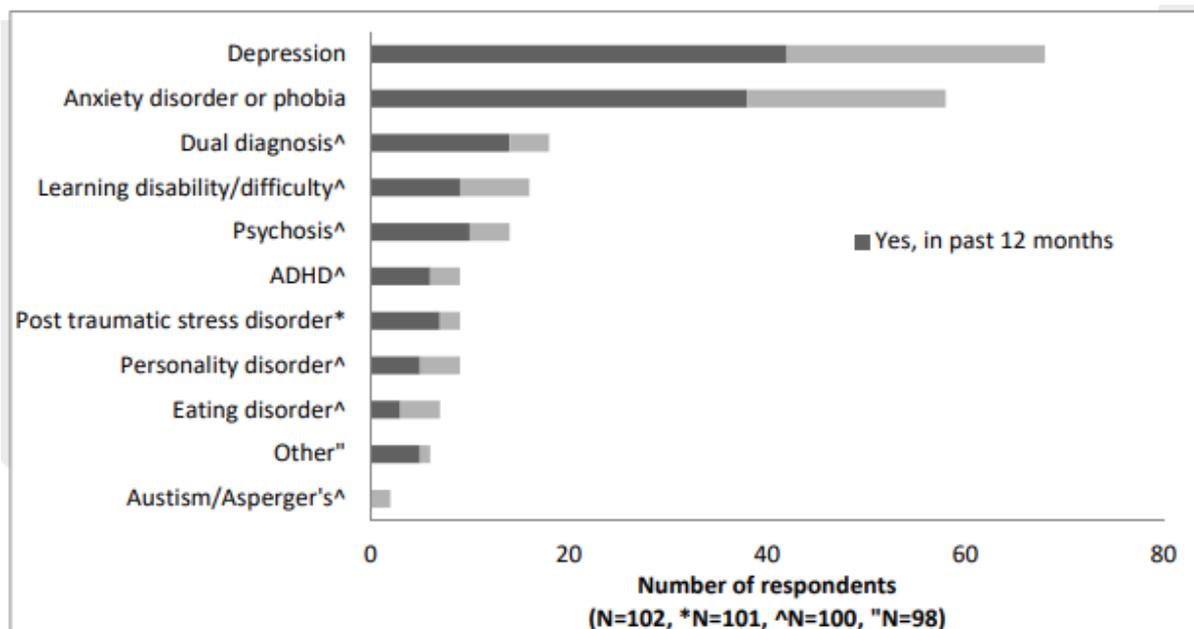


And more generally against the national data.

| Joint & muscle problems | Dental problems | Eye problems |
|--|--|--|
| Herefordshire Audit = 26% (101 responses = 26 people) | Herefordshire Audit = 19% (100 responses = 19 people) | Herefordshire Audit = 16% (100 responses = 16 people) |
| Homeless Link Audit = 22% | Homeless Link Audit = 15% | Homeless Link Audit = 14% |
| General population = 14% | General population = unknown | General population = 1% |

When Mental Health problems and conditions were assessed. The following was identified.

⁹² Thomas B. (2012) *Homelessness Kills: An Analysis of Mortality of homeless people in Twenty-first century England*: The University of Sheffield: Published by Crisis UK: November 2012.



And again, against the national data.

| Mental health condition/behaviour | Percentage of population | | |
|---|-------------------------------------|--|---|
| | Herefordshire Homeless Health Needs | Homeless Health National Data | General population |
| Depression in the last 12 months | 41% | 36% ¹⁰ | 19% (those aged 16y+) ¹¹ |
| Anxiety disorder or phobia in last 12 months | 37% | 41% (Anxiety) ¹² | 6.6% England ¹³ |
| Psychosis, schizophrenia & bipolar disorder in last 12 months | 10% in last year 14% ever | 6% schizophrenia 6% bipolar disorder ¹⁰ 11% psychosis ¹⁴ | 1% over a lifetime ¹⁵ |
| Dual diagnosis | 14% in last year | 12% ¹⁶ | 6-15% in substance misuse settings; 20-37% in secondary mental health services ^{17 18} |

This Responses to questions about substance misuse were broadly in line with the national data sets.

Interestingly, a similar series of questions were included in the assessment of risk and needs that was undertaken when the users of the Emergency Winter Night Shelter entered the facility for the first time. (It was in operation in Herefordshire over the winter of 2024/25.)

Using the same Homeless Link methodology to assess the answers provided by service users, this internal review document (Herefordshire WNS End of Cycle Report 2024-25 – Final)⁹³ highlighted the following physical health, Mental ill health, and addiction support needs. These were: -

- **Mental Health**
 - Thirty-four people (52%) stated they had a mental health support need. (opposed to 2.4% of general populations).
 - Of these twenty-two people (34%) stated this need had been present for 12 months or more.

⁹³ Barnett R., (2025), Herefordshire WNS End of Cycle Report 2024-25 – Final, Herefordshire Council, Herefordshire.

- Nineteen people (29%) stated they had been diagnosed with a mental health condition and were engaged with mental health services to some degree.
- Of these eighteen people (28%) had had the diagnosis for 12 months or more.
- **Physical Health**
 - 19 People (29%) stated they had a physical health support need. Although only one person considered themselves disabled due to lower limb injuries.
 - Of these twenty-two people (33%) stated this had existed for more than 12 months. This is inconsistent with the figure above (19) and the figure of twenty-two is arrived at due to the 'box' being marked on the assessment sheet when it was completed. (The question was either misinterpreted, asked incorrectly, or the data was incorrectly inputted to the electronic tables (and this last has been checked to discount.)
- **Drugs and Alcohol**
 - Twenty-two people (33%) stated they used alcohol and / or drugs to self-medicate. This breaks down as twenty people (34%) using alcohol and seventeen people (28%) using drugs the vast majority using both. (Opposed to 0.57% of general populations affected by one or both of these.)
 - Nineteen people (29%) stated they used class A, B or C drugs or were in recovery from such use. (With ad-hoc engagement with recovery services. Drugs used were Cannabis, Cocaine, Crack Cocaine, Amphetamine / Speed, Heroin, Benzodiazepine, Prescription drugs (and which ones), Methadone.) This includes the seventeen people in the point above who self-medicated using drugs, as well as an additional two people who said they used drugs, but not for self-medication purposes.
 - Twenty-two people (34%) stated they had problematic alcohol use or were in recovery from such use. (With ad-hoc engagement with recovery services.) Problematic defined as daily drinking more than five units of alcohol. This includes the twenty people in the point above who self-medicated using alcohol, as well as an additional two people who said they used alcohol, but not for self-medication purposes.

What this highlights, is that for individuals who are still rough sleeping or at risk of rough sleeping in Herefordshire, the risks posed by multiple complex difficulties still persist and services could still do more to identify and address these issues and associated risks earlier.

In order to provide a more detailed, current picture, a new Herefordshire Homeless Health Needs Audit will need to be completed. **(Recommendation 28)**

Early Intervention

In the 2024 paper by Mackie, Fitzpatrick, and Morris, 'Prevention into Action – Gaps and opportunities for locally led homeless prevention in England'⁹⁴ They set out the five stages of prevention:

- Universal prevention – population wide
- Upstream prevention – focused on high-risk groups.
- Crisis stage prevention – time sensitive
- Emergency stage prevention – accommodation already lost; and
- Repeat prevention – stopping recurring homelessness.

The paper sets out a research project funded by Homeless Link and the Lottery, which uses questionnaires and focus groups to interview people at various stages of the prevention journey. Of note, the paper is about homelessness, but it can be observed that the lessons apply equally to all aspects of prevention, whether it be crime, health, employment, or education.

The paper sets out the following points as a prerequisite to a stable home - secure and affordable housing, regular / sufficient income, good physical and mental health and a good social / support network. If any one of these is missing, then homelessness is a risk.

It also discusses what each stage of prevention means with examples and case studies of good practice. This is a summary of each prevention typography: -

Universal – This is a broad ranging approach that should be embedded into the wider landscape of all statutory services. Examples of how to provide this are through education, health briefings alleviation of poverty, maximised housing supply, maximising financial income and benefit claim or access to reductions in outgoings. **(Recommendation 5, 5a)**

Upstream – in advance of the 56 HRA 2017 legislative provisions. Groups that are at higher risk are already known – people leaving LAC system and up to 25 years old, people leaving institutes – prison, and youth detention, people leaving the military, relationship breakdowns – especially in homes affected by low income and poverty, PRS tenants. Other groups at a lower level of risk are people with NRPF, or with physical or mental health support needs, ethnic minorities, LGBTQ+ communities, people affected by modern slavery or gang violence. Examples of how to address this stage are in targeting interventions, i.e. pre-release panels for offenders, hospital discharge, work with landlords to identify people hoarding, overdue rent, mediation services, and wider recognition in other services of the trigger incidents. It can be observed that Herefordshire's model of an Early Prevention Officer post is a case study in this paper. **(Recommendation 5, 5a, 5b)**

Crisis – generally, people owed a duty within the 56-day HRS 2017 legislative 'Prevention' period. Groups that are predominantly affected at this stage are, relationship breakdown, escaping DA, leaving an institution, S21 evictions, evicted by family / friends.

⁹⁴ Mackie, P. Prof, Fitzpatrick, S. Prof., Morris, N. (2024): *Prevention into Action – Gaps and Opportunities for locally led homeless prevention in England*; Downloaded from [Prevention Into Action research report.pdf](#) on 30/4/25.

Interventions that work are clear information about housing and processes, rent in advance, bonds, debt alleviation, ability to assist with mortgage arrears, tenancy support, support for people leaving institutes and specific landlord mediation and advice / support, as well as wider mediation support in general. **(Recommendation 5, 5a, 5b)**

Emergency – as per the HRA 2017 definition of ‘Relieve’ period for homelessness. There is no one group more likely to be at this stage than other stages. (although asylum seekers and NRPF are an issue in some areas of England) What can mitigate things getting to the emergency stage is early intervention. Examples of steps to mitigate or address this stage are, temporary accommodation – B&B, Hotels, Leased properties, own stock properties, Suitable support, move on accommodation pathways, hostels / shelters, emergency living pods. It is acknowledged that providing accommodation for this stage is more expensive for LGA’s if they do not own their own stock – and this has been the solution for several LGA’s – becoming stock holding again to mitigate TA related costs. **(Recommendation 5, 5a, 5b)**

Repeat – defined as “preventing a recurrence of homelessness for people who are currently or recently homeless.” This mainly affects people with long standing debts, specific criminal history or restraining orders, people with addiction support needs or mental health support needs. It was noted there was a prevalence of people with a LAC history and one of these factors as well. Examples of steps to mitigate this are LGA’s with a multi-agency approach to this group of individuals,’ rent deposit scheme, debt alleviation schemes, tenancy support, supported living settings and support to access RP and private tenancies moving forward. **(Recommendation 5, 5a, 5b)**

The paper drew out some cross cutting themes between stages. These are: -

- Co-designed and produced services.
- Flexible budgets for debts,
- rent bonds / rent in advance,
- budgets for clients,
- affordable and suitable housing stock,
- tenancy support,
- mediation services,
- Landlord support,
- Stable workforce,
- Multi-agency and cross sector approach to support and working, collaboration and early intervention,
- VFM TA provision
- A lead agency for wider systemic work and
- Lead agency for case specific work with individuals,

(Recommendation 1, 2, 5, 5a, 5b, 7, 8, 9, 10, 11, 12, 13, 15, 17, 18, 23, 24, 25, 26, 27, 28, 29, 30, 32, 33, 34, 35, 36, 37, 39)

At each stage, support and interventions need to be simplified, easily identifiable and able to be found as well as trauma informed and personalised to individuals. Partnership / multi-agency / sector working and collaboration was also critical to all stages of prevention.

It can be observed that a robust universal prevention program, will reduce the need for upstream prevention. A wide-ranging network that identifies the need for early intervention and support, will reduce the need for crisis support. A comprehensive program of crisis intervention and support should reduce the need for emergency intervention. A well develop pathway of accommodation and support should support people who need emergency support to return to their own stable accommodation. Finally, all these steps should reduce the instances of repeat homelessness.

In Herefordshire the Adult Safeguarding Board and Public Health are currently overseeing the development of a co-produced prevention strategy that target and seeks to address the challenges of complex multiple disadvantages and the impacts they have on people's lives.⁹⁵ This piece of work is currently ongoing and is exploring options for developing a wider early intervention model to mitigate the impact of multiple disadvantage.

⁹⁵ HSAB, (2025) *Herefordshire Council – Overview and Ault Social Care Summary*, Herefordshire Council, Herefordshire.

Accommodation

Multiple research papers reference that the basis of any stable human existence and good health is a stable home environment. It is for this reason that many countries have adopted the 'Housing First' model. This builds upon 'Maslow's' Hierarchy of Need⁹⁶, in which a home is the foundation of all the other things that a human being needs to achieve their potential.⁹⁷



Maslow's hierarchy of needs

England's Housing First⁹⁸ program has seven principles: -

1. People have a right to a home.
2. Flexible support is provided for as long as is needed.
3. Housing and support are separate.
4. Individuals have choice and control.
5. An active engagement approach is used.
6. The service is based upon peoples' strengths, goals, and aspirations.
7. A harm reduction approach is used.

There are different models of approaching a housing first mode⁹⁹. The Calgary¹⁰⁰ model utilises existing hostels, private sector and community housing in a co-ordinated way to deliver stable housing, coupled with building new properties to meet demand. The Finland model sees the

⁹⁶ Wikipedia (2018): *Maslow's Hierarchy of Needs*: Downloaded from www.wikipedia.org/wiki/Maslow's_hierarchy_of_needs_on_24/9/18

⁹⁷ [Maslow's Hierarchy of Needs](#)

⁹⁸ Homeless Link (2015): *Housing First in England – The Principles: Homeless Link*: downloaded from www.homelessink.org.uk: last downloaded 1/6/18 and Homeless Link (2018): *Housing First in England – The Principles*: University of York; England

⁹⁹ Homeless Link (2025): *Housing First Toolkit – Inception to Sustainability*: Downloaded from [Housing First for Service Providers | Homeless Link](#) on 30/4/25.

¹⁰⁰ Calgary Homeless Foundation: (2013) *Calgary Homeless Foundation: System Planning Framework*: Calgary Homeless Foundation: Calgary.

Finnish government financing new builds.¹⁰¹ Closer to home, Sheffield has commissioned over six hundred ‘tiny homes’ built by a local not-for-profit company out of shipping containers.¹⁰² Bristol has supported the Knowle West Media Centre in developing a community based project to deliver some 300 small homes to a deprived area of Bristol on small brown field sites and large gardens being sub-divided. Both examples have seen homes being delivered for under £40,000-00 (plus fees and taxes).¹⁰³ In addition, Bristol are supporting the development of shipping container homes.¹⁰⁴ It can be observed that these localities have huge numbers of hidden homeless (as well as Rough Sleepers), and are looking for innovative, cost-effective ways to meet their housing need.

Shrewsbury have been working with local charities to develop a model that builds upon ‘The Green Pastures’ housing model. This involves a large local charity undertaking a combination of purchasing and renting houses to then re-rent to the local authority to house homeless and rough sleeping individuals. (Yellow Ribbon).¹⁰⁵

In Staffordshire, Walk Ministries, follow a similar model – but are faith centric. They operate a working farm and workshop with accommodation (as a direct access hostel) and move on accommodation with 24/7 live in support spread across some twelve three- and four-bedroom properties. These are all short-term rentals managed by Walk Ministries and utilise a ‘house manager’ within each home.¹⁰⁶

The Mendip Hills have access to a Direct Access Hostel – with short term assessment capability and move on accommodation.¹⁰⁷

All these schemes link housing to addiction treatment and intensive support for individuals whilst they journey. They have skills development and a business element to their projects, wrapped as a Social Enterprise. (In Shrewsbury, this involves a workshop, shop, and café. In Staffordshire, there is a linked building company.) Both have educational and training support for individuals.

There are now multiple examples across England of Housing First, Housing Led, and multi-sector models of accommodation. Some of these are linked to an immediate emergency accommodation offer such as a night shelter or access to emergency accommodation living pods. Some are linked to direct access to housing.

What the evidence review demonstrates across all areas though is that accommodation on its own is not sufficient. People with dual diagnosed illnesses and / or complex multiple difficulties need a psychologically sensitive, supportive environment that will help them transition from a life of rough sleeping (and addiction support needs and unmanaged mental ill health) to stable, sustainable, accommodation. Where this has not been built into local ‘systems,’ the individuals have, not been able to sustain the accommodation and very rapidly return to rough sleeping and the cycle repeats. Harm is compounded for the individual and costs for the ‘state’ increase.

The 2024 briefing paper by Centre for Homelessness Impact explores ‘What is a hostel in 21st century Britain’.¹⁰⁸ The paper identified that whilst hostels offer a core part of any LGA accommodation offer, they were on the whole smaller and generalist in their nature. Two thirds of hostels are funded by public money and a third by donations or community grant funding. Most users of hostels stayed an average of two years. Most residents stated they stayed longer than

¹⁰¹ Ministry of the Environment for Finland (2016): *Action Plan for Preventing Homelessness in Finland 2016-2019*: Helsinki: Ministry of the Environment Finland.

¹⁰² <https://www.themicrolife.co.uk/2018/07/production-of-shipping-container-homes.html>

¹⁰³ <https://kwmc.org.uk/>

¹⁰⁴ <https://helpbristolhomeless.org/property-specialists-colliers-international-are-transforming-container/>

¹⁰⁵ <https://yellowribbonuk.org.uk/>

¹⁰⁶ <http://walkministries.org.uk/liberty-farm>

¹⁰⁷ <https://www.connect-centre.org.uk/dairy-house> & <https://www.rootconnections.co.uk/our-story>

¹⁰⁸ CHI (2025): *what is a hostel in 21st century Britain?*; Downloaded from [chi0325.pdf](#) on 30/4/25.

intended because they could not find somewhere else. 75% of hostels offered a 24-hour staffed service, with peak times being supported by volunteers.

What can be evidenced in Herefordshire is that our BRAVE homeless pathway has been successful in supporting individuals who were currently rough sleeping or at risk of rough sleeping. We have seen numbers of long-term rough sleepers (BRIEF) drop significantly – against the national trend. (see section of Herefordshire Resources). We have also seen the number of new rough sleepers (RARE) reduce, again against the national trend. Lastly, we have seen the numbers of people returning to rough sleeping (RECURRING) also reduce against the national trend. (RARE, BRIEF and RECURRING are the key performance indicators in HM Government national strategy.)

Since 2020 Herefordshire has secured grant funding from HM Government (see Finance section below). This coupled with considerable local Capital funding has enable Herefordshire Council to build an accommodation-based estate asset to assist with the accommodation of rough sleepers or those at risk of rough sleeping. By July 2025, Herefordshire Council has increased the accommodation from having a base in 2020 of no units to support rough sleepers to having the following numbers and types of accommodation units: -

- Forty-three units of supported living accommodation
- Thirty units of semi-supported living accommodation,
- Access to forty-four units that are a mix of supported and floating support accommodation with partners (Registered Provider and CVFS partners), and

More needs to be done though and is – with a further thirty-six units of accommodation currently in development.

It can be observed that financial, taxation and legal changes to the Private Rental Landscape, has resulted in many smaller landlords selling their properties. This has had a two-fold impact:

1. Few units available to rent, leading to.
2. Increased competition and therefore increased rental costs.

The effect of this on local housing pathways makes it harder for the ‘average’ Herefordian to afford to rent locally, as well as make it almost impossible for any individual in the BRAVE pathway to access private rents as a means to exit a life of homelessness. This further impacts upon the Registered Housing Providers (Social Landlords) in Herefordshire, by having more and more potential households chasing a finite number of homes.

Herefordshire has an aging population and a higher than national average of older singles in larger homes. (See Herefordshire data section below) Therefore, it is important to explore how as a county we could deliver better housing stock for older single residents and couples in order to free up larger family homes. The fifteen-point plan by the Housing and Aging Alliance¹⁰⁹ ‘Creating Homes we want to grow old in’ was written in 2024 and sets out what needs to happen at a national level both in terms of policy but also funding to make it a viable option for LGA to deliver this housing stock and release capacity for families in their areas. **(Recommendation 31)**

In terms of local context, Herefordshire Council Housing Strategy 2021-2026¹¹⁰ sets out the following vision for housing in the county: -

‘To effectively meet the housing needs of people living in Herefordshire, promote independence and create healthy and sustainable communities.’

¹⁰⁹ Housing LIN (2024): Creating Homes We Want to Grow Old In: A 15-Point Plan from the Housing and Ageing Alliance; Downloaded from [Creating Homes We Want to Grow Old In: A 15-Point Plan from the Housing and Ageing Alliance - Resource Library - Resources - Housing LIN](#) on 30/4/25.

¹¹⁰ McSherry, H., (2024): Herefordshire County Council- local Housing Strategy 2021-2026; Downloaded from [Local housing strategy 2021-2026](#) on 30/4/25.

It builds upon the Herefordshire County Plan (2024-26)¹¹¹ and linked Delivery Plan (2025-26)¹¹² and the county Core Strategy (2011-2031)¹¹³ the latter of which sets out a housing requirement for the delivery of a minimum of 16,500 homes (825 per annum) in Herefordshire between 2011 and 2031 to meet market and affordable housing need. It outlines a distribution of development across the County, which seeks to focus development on Hereford (providing a total of 6,500 dwellings); followed by the market towns of Bromyard, Kington, Ledbury, Leominster and Ross on Wye (providing a total of 4,700 dwellings), with more limited development in rural settlements (providing a total of 5,300 dwellings). (This target was increased by MHCLG to 846 homes per annum from 2025. **(Recommendation 40)**)

In 2021 Icen published the Housing Market Areas Needs Assessment for Herefordshire.¹¹⁴ This comprehensive document sets out and assess what the housing needs for the county are and is used to shape plans, strategies, and projects. **(Recommendation 38)**

The Herefordshire Council Housing Strategy 2021-26 has four priorities over its life span. They are: -

- Eliminate the negative impact that our homes have on the environment.
- Increase the number of affordable homes available to buy or rent, in line with need.
- Improve the quality and accessibility of homes in Herefordshire and bring long-term empty properties back into use.
- Work in partnership to assess and deliver solutions to identified housing need.

¹¹¹ Herefordshire Council (2025), *Herefordshire Council Plan 2024-2028*, Last downloaded from [Herefordshire Council Plan 2024-28](#). Downloaded on 13/8/25.

¹¹² Herefordshire Council (2025), *Herefordshire Council Delivery Plan 2025-2026*, Last downloaded from [Delivery Plan 2025/26](#). Downloaded on 13/8/25.

¹¹³ Herefordshire Council (2015), *Herefordshire Local Plan – Core Strategy 2011-2031 (October 2015)*, Downloaded from [CS for Council.pdf](#). Last download 13/8/25.

¹¹⁴ Icen (2021), *(Herefordshire) Housing Market Area Needs Assessment 2021-2041*, Downloaded from [Housing market area needs assessment July 2021](#). Last download 13/8/25.

Finance / Funding

It can be observed that the 2014 Comprehensive Spending Review forced financial constraints, which are unprecedented in our lifetime, upon the public sector. This has been coupled with a global pandemic and a war in Europe, affecting the price and supply of materials, which in turn has increased prices of many goods and services. Add to this the turmoil to global markets caused by the USA imposing a range of financial tariffs on trading partners. All this has led to reductions in the funding opportunities available to the charitable and community sectors and a collapse in the volunteering base. Statutory services have also seen budgets shrinking and this in turn has impacted upon the scale and depth of services offered.

To complicate matters further, any programs of work have to overcome some of the most entrenched and difficult needs of rough sleepers and homeless individuals. These complex needs historically have manifested themselves in an environment of either uncoordinated or poorly coordinated cross agency activity. For many people these needs go back to childhood and have been compounded by their interactions with the 'state' ever since.

New financial models are needed to fund charitable work. Pooling of public body budgets and resources are essential if headway is to be made to reduce the impact of homelessness upon individual's, communities and the agencies / bodies that work to address it.

In the few years before the global pandemic several streams of funding had emerged, that if coordinated can go a considerable way towards making the changes across the piste to address homelessness.

In 2014 Social Finance¹¹⁵ published 'Building a Business case for Prevention.' The paper sets out the costs of inaction (£31,309 PA for an opiate / crack user), building the case for early intervention to save in the long term. It sets out steps to overcome the challenges of early intervention. (pg5) It uses examples of partnership working in other areas of public sector delivery (Manchester Early Years experiences – Pg9) to demonstrate cost saving and improved services that can be achieved. Similar outcomes were achieved in the Southwest of England in cross agency works to address adolescents on the edge of care (pg19). **(Recommendation 1, 4, 5, 10, 11, 12, 13)**

Social Impact Bonds (SIB) are increasingly being used to deliver improved outcomes and developing innovation. There are two ways that SIB's might help to construct a business case for prevention (pg31.): -

- Delivering value for money through cashable cost savings.
- Focusing on service innovation to improve and measure outcomes whilst transferring the risk of failure. Crucially this helps shift spending from acute to prevention in a managed way – reshaping the services to manage demand over the long-term.

In Canada, SIB's have been used since 2014 to help deliver service changes and improvements in reducing homelessness through the implementation of a housing first model. Payments by local government had been linked to outcomes across a commissioned service. The Housing First – Social Impact Bond Feasibility Study by Miguel and Abughannam (through the Centre for Impact Investing)¹¹⁶ sets out the case in more detail.

¹¹⁵ Social Finance (2014): *Technical Guide: Building a Business Case for Prevention*; Downloaded from www.socialfinance.org on 4/10/18.

¹¹⁶ Miguel A., Abughannam S. (2014) *Housing First – Social Impact Bond Feasibility Study*; Ontario; MaRS Centre for Impact Living

In 2015 Social Impact Bonds published 'Investing to Tackle Loneliness – A Discussion paper.'¹¹⁷ This article explores how a SIB has been used to address loneliness amongst the elderly in Worcestershire. The results are transferrable to loneliness more widely.

Where charitable bodies have been developed to address homelessness there is an emerging agenda around Social Enterprise structures being used to support delivery of the charitable objectives and to protect the trustees / charitable reputation. Social Enterprise structures help deliver a business with the protections offered to charities. The UnLtd paper 'Structures for Social Enterprises discusses all the various structures that could be utilised.'¹¹⁸

The Power to Change organisation have emerged as a leading exponent of social enterprise business structures to help charitable bodies and offer funding grants to explore the feasibility of a model and the development of a model.

HM Government has looked at a variety of different methods of securing funding and added value around funding – land value capture, empty homes and investing in the private rental sector.¹¹⁹ They have provided funding, on a competitive basis, for one off projects to improve access to the Private Rental Sector, subsidised rents, reducing homelessness (through dedicated case workers), accessing emergency and temporary accommodation. However, to date, it can be observed that they have not provided longer term funding to make the necessary structural changes, instead the short-term funding appears to be intended to provide evidence for the local contextualisation of a new service being commissioned longer term.

In 2017, New York City saw instances of homelessness increase to nearly 64,500 individuals per night (a seven-fold increase in a generation) being accommodated in hostels prompted a rethink about how the city addressed the needs of its citizens. The development of the 'Coalition for the Homeless' evolved to address this urgent need. Their plan 'State of Homelessness 2018 – The Fate of a Generation'¹²⁰ set a three-year plan to reduce the scale of the problem by 30% initially. The issues affecting New York and the recommendations the plan sets out are not unique to the city. They are similar to homelessness across the globe – uncoordinated interventions, silo working, lack of affordable accommodation and skills development opportunities. Interestingly, it can be observed that these factors have changed little, and the scale of the problem has waxed and waned with US political cycles and the politicisation of immigrants and immigration.

In developing individuals and helping them to become ready for work, The Joseph Rowntree Foundation article 'Local Initiatives to help workless people find and keep paid work' by Meadows in 2008¹²¹ sets out six key themes to achieving paid work – delivery capacity and institutions; partnership working; engagement and access; meeting individual needs; retention and progression; and the role of employers. It can be observed that this is being developed in Herefordshire through the Building Better Opportunities Program. **(Recommendation 37)**

'A Whole New World – Funding and Commissioning in Complexity' by Knight, Lowe, Brossard, and Wilson¹²² in 2017 identifies the need for a new funding paradigm to take place in the public sector. In the public sector world Outcomes based Commissioning by and large only succeed in

¹¹⁷ Cabinet Office (2015) *Investing to Tackle Loneliness – A Discussion Paper*; London; Cabinet Office and Calouste Gulbenkian Foundation

¹¹⁸ UnLtd (2018): *Structures for Social Enterprises*; Downloaded from www.dlapiper.com on 2/4/19.

¹¹⁹ Salisbury N.: et al (2014) *Social Finance – Supporting Homelessness Prevention and Alleviation Through Investment in the Private Rental Sector*; London; Social Finance & HM Government (2018): *Government Response to the Housing, Communities and Local Government Select Committee inquiry on land value capture*; London; Last downloaded 1/12/18

¹²⁰ Coalition for the Homeless (2018): *State of the Homeless 2018 – Fate of a Generation: How the city and state can tackle homelessness by bringing housing investment to scale*; Downloaded from www.cfthomeless.org on 10/10/18

¹²¹ Meadows P. (2008) *Local Initiatives to help workless people find and keep paid work*; London; Joseph Rowntree Foundation

¹²² Knight A.D., Lowe T., Brossard M., Wilson J (2017): *A whole new world: Funding and Commissioning in Complexity*; downloaded from www.collaboratecic.com on 1/7/19

generating improvements in narrow silos. It fails to generate a broad range of positive real-world outcomes – as defined by clients / service users. It can be observed that payment by results does not help people address the complexities of their lives but actually develops structures that deliver good looking data.

‘A Whole New World’ sets the context for change and makes suggestions for the systems, cultural and process changes required to deliver trust and relationships in this ever-interconnected world and our complex lives. It sets out the challenges to overcome and the potential gains, setting out accountability, risk, learning, funding, and wider stakeholder needs to overcome issues affected by the new requirements of funding and commissioning in the new landscape.

Following the publishing of the National Homelessness Prevention and Rough Sleeping Strategy in 2018 by the then government, new funding initiatives were made available. These competitive grant processes were called Rough Sleeping Initiative (RSI) Grant funding (rounds 1, 2, 3, 4 and 5), Rough Sleeping Accommodation Pathway (RSAP), MHCLG – Next Steps Accommodation Program (NSAP) Grant, MHCLG – Protect and Vaccinate, Changing Futures, MHCLG Faith Fund, Growing Great Ideas Fund, Winter Transformation Grant (2021/22 and 2022/23) Department for Education funding, MHCLG Voluntary, Community and Faith Grant, Supported Housing Grant, Rough Sleeper Drug and Alcohol Grant, RSI Additional Burdens Grant, RSI Winter Burdens Grant, RSI 5 Additional Burdens Grant, Night Shelter Transformation Funding (2023/24), Accommodation for ex-offenders Grant and Single Homeless Accommodation Program (rounds 1, 2, 3, 4 and 5). Herefordshire Council was able to apply to these funds or directly support partner agencies and voluntary groups to apply. Herefordshire Council directly secured £9,674,225 in grant funding between the financial years 2020 – 2025. In addition, grant funding was secured to fund the provision of homes and resources to cope with the resettlement of Afghan, Syrian and Ukrainian nationals in Herefordshire.

These funds, have in many instances, augmented core grant funding for housing services and solutions, as well as provided budgets to help clear debts of rough sleepers, establish a home for rough sleepers and prevent homelessness occurring in the first instance. (See early intervention section) above.

The new national strategy published in 2025, “A National Plan to End Homelessness” further commits to these targeted approaches and the funding of them.

There are a range of additional funding sources available to LGA’s to fund and finance housing provision. The House of Commons Library has a comprehensive list of these, such as Discretionary Housing Payments¹²³, Local Housing Allowance.¹²⁴, Homeless Prevention (HPG) grant.¹²⁵ In addition Shelter also provides information about financial resources available to pay for accommodation such a how benefits can be used to pay for homeless hostel places.¹²⁶

(Recommendation 20)

In Herefordshire there is also a comprehensive funding resource to be found the Herefordshire Voluntary Organisations Support Service (HVOSS), who produce a comprehensive funding directory of resources available to voluntary and statutory bodies in the county.¹²⁷ This has been

¹²³ Hobson F., (2023) *Local Housing Allowance (LHA): Help with rent for private tenants*; House of Commons Library; Downloaded from [SN04957.pdf](#). Last download on 30/7/25.

¹²⁴ Hays z., Hobson F., (2024) *Discretionary Housing Payments*, House of commons Library; Downloaded from [SN06899.pdf](#). Last download on 30/7/25.

¹²⁵ MHCLG (2025): funding arrangements for the homelessness prevention grant from 2026/27 onwards: downloaded from [Funding arrangements for the Homelessness Prevention Grant from 2026/27 onwards - GOV.UK](#) on 30/4/25.

¹²⁶ Shelter (2022): *Benefits to pay for a homeless hostel*; downloaded from [Shelter Legal England - Benefits to pay for a homeless hostel - Shelter England](#) on 30/4/25.

¹²⁷ HVOSS (2024): *Herefordshire Funding Directory*; Downloaded from [Herefordshire Funding Directory March 2025](#) on 30/4/25.

augmented by work within the Statutory Housing Team of Herefordshire Council who have a comprehensive list of national funding bodies.

In assessing the financial cost of reducing rough sleeping and homelessness more widely, in 2024 Brian Titley undertook a scoping exercise for DLUHC to ascertain the question of how to “Monetising the Social Benefits of Reducing Rough Sleeping”¹²⁸ this exercise identified over a dozen UK centric studies since 2013 that may be of benefit if more information is needed.

In Herefordshire, as part of a review of interventions in response to the ‘Everyone In’ mandate by MHCLG in 2020, Herefordshire Council undertook a cost benefit analysis exercise in relation to the sixty-six people who were rough sleepers at that time. They were all accommodated as part of the Everyone In Mandate.¹²⁹ This review assessed five different categories of rough sleepers. These were: -

1. Rough Sleeper with no additional support needs, (37)
2. Rough Sleeper with one additional support need, (11)
3. Rough Sleeper with two additional support needs, (10)
4. Rough sleeper with complex support needs – Addiction / mental health / health / offending, (6)
5. Rough sleeper with complex support needs – mental health / health / offending. (2)

In brackets at the end of each category is the number of people in each category.

The Fulfilling Lives¹³⁰ calculator assesses a range of indices, such as Ambulance journeys, A&E attendance, and admissions, as well as arrests, court appearances, in hospital treatments (physical and mental), as well as eviction related costs. It is a recognised and comprehensive tool, aggregating costs across England as an average in each category.

The tool assessed the budgetary impact of a rough sleeper against the public estate across a twelve-month period, and the interactions were built from interviews and knowledge of the outreach workers engaged with the individuals.

The costs for each category were as follows: -

Category 1 – 37 people multiplied by **£14,146.77 per person = £523,430.49 total.**

Category 2 - 11 people multiplied by **£18,279.52 per person = £201,074.72 total.**

Category 3 – 10 people multiplied by **£21,591.52 per person = £215,915.20 total.**

Category 4 – 6 people multiplied by **£51,967.27 per person = £311,803.62 total.**

Category 5 – 2 people multiplied by **£39,335.77 per person = £78,671.54 total.**

The total cost to agencies in Herefordshire for delivering services to these sixty-six people with a range of complex support needs is conservatively assessed as being in the magnitude of £1,330,763.57. This figure relates to 2020 pricing structures and must be recognised that national costs have increased since then by an average of 4% per annum.¹³¹ Therefore it can be assumed that these costs are some £250,000 more in 2025/26, than 2020/21. **(Recommendation 4)**

Lastly, whilst value for money should underpin the delivery of public services, they should deliver services that make a change for good to peoples lives. This research paper has set out how that can be achieved in a cost effective way.

¹²⁸ Titley, B. (2024): *monetising the social benefits of reducing rough sleeping*; Downloaded from [Monetising the Social Benefits of Reducing Rough Sleeping](#) on 30/4/25.

¹²⁹ Barnett R., (2020): CV-19 – Cost Benefit Analysis of Homelessness: Herefordshire Council, Herefordshire.

¹³⁰ We Are With You (2020) Blackpool Fulfilling Lives – Report on the 5 year evaluation, Downloaded from [flp_evaluationreport_6-1.pdf](#). Last download on 30/7/25.

¹³¹ [CPIH ANNUAL RATE 00: ALL ITEMS 2015=100 - Office for National Statistics](#)

Management / Oversight Systems

It can be observed that the critical part of any strategy is the delivery plan that underpins it and the management of that plan and the systems that review and oversee its delivery. There have been considerable developments over the past decade or so in both strategy and management, delivery programs, oversight systems as well as research and review processes.

Calgary have extensively planned and documented all aspects of their journey over the last fifteen years. They operate to a ten-year strategy and financial plan.¹³² They has set out strategic and operational systems of governance.¹³³ Their programmes are costed and whilst they still have homelessness and rough sleeping, individuals are moved into accommodation swiftly with Key worker support if required. They have developed cross agency management structures.¹³⁴ Calgary conducts regular Point in Time (PiT) surveys of its homeless communities. These surveys drive demand and shape the responses of the combined cross agency bodies.

The 2019 School of Public Policy Publications¹³⁵ discusses Konrad's 1996 continuum of Integration model. The five stages of this integration model set out the move from an informal level of service delivery to formal level of service delivery. The steps are: -

- 1.) Information sharing and communication.
- 2.) Cooperation and coordination.
- 3.) Collaboration.
- 4.) Consolidation.
- 5.) Integration.

It can be observed that Konrad's continuum of integration ends in fully integrated services being delivered under a single authority that oversees a system delivering a service that is: -

- Comprehensive in scope, operating collectively to address the needs of a client in an individualised fashion. It is cross cutting and multi-purposed in its delivery.
- Categorical lines are transparent; activities are coordinated and funding streams pooled.
- Eligibility for accessing (all) services provisions is simple and easy to access.
- A client 'problems' are treated as a whole, and individuals are treated as part of family and community systems.

The publication (page 7) also discusses Flautau et al 2013 work that sets out a comprehensive model for integrating strategies to address complex clients' needs. This further enhances Konrad's' work and breaks an integration strategy into seven distinct stages; Streamlined assessments; Facilitated Referrals; Case Review and Supervision; Flexible and Supportive Governance; Relationships and Communication; Staffing and final Model Integrity. In 2013 KPMG

¹³² Calgary Homeless Foundation: (2017) *Calgary Homeless Foundation Business Plan*: Calgary Homeless Foundation: Calgary 29/3/17

¹³³ Calgary Homeless Foundation: (2017) *Calgary Homeless Foundation: Family System Planning Framework*: Calgary Homeless Foundation: Calgary 29/3/17

¹³⁴ Calgary Homeless Foundation: (2011) *Calgary 10-year plan to end Homelessness 2008 - 2018*: Calgary Homeless Foundation: Calgary 29/3/17.

Doberstein's C. (2018): *Homeless Governance*; Calgary Homeless Foundation; Calgary; Canada.

Tuner A., Krecsy D. (2019): *Bringing it all Together: Integrating Services to Address Homeless*; School of Public Policy Publications; SPP Research Paper Volume 12:1. Calgary; Canada.

Systems Planning Collective (2016): *Systems Planning to Prevent and End Homelessness: Community Progress and Priorities across Canada*; Canadian Observatory on Homelessness; Calgary; Canada.

¹³⁵ Tuner A., Krecsy D. (2019): *Bringing it all Together: Integrating Services to Address Homeless*; School of Public Policy Publications; SPP Research Paper Volume 12:1. Calgary; Canada.

added an eighth level to Flautau et al work. This level set out system benefits (pg8). **(Recommendation 1, 2, 5, 7, 9, 11, 12, 13)**

In Gaetz, S., Schwan, K., Redman, M., French, D., & Dej, E. (2018)¹³⁶ The Roadmap for Prevention of Youth Homelessness similar structures are discussed as being successful in addressing youth homelessness.

Homeless Links 'Adopting the No Second Night Out Standard'¹³⁷, have developed an assessment tool (pg20) to assess current provision and gaps (in service) of Homelessness service provision. This builds upon HM Government 'Vision to end rough sleeping; No Second Night Out nationwide.'¹³⁸

Homeless Link have also produced an annual 'Support to End Homelessness' for the past seventeen years. In the 2024 paper 'A Review of services addressing single homelessness in England'¹³⁹ The paper sets out a huge amount of data pertaining to homelessness and Single people. (Demographics, accommodation units and types, support needs, finances and accessing services to name a few). Whilst the paper sets out the national and regional perspective and impacts upon systems, it identifies key factors impacting upon them and postulates future trends. It can be observed that the percentages of people and the impacts upon them broadly match Herefordshire data from the 2019 Health Needs Audit and collected at the Winter Night Shelter of 2024/25. It concludes the following points. The ongoing funding insecurities has impacted the workforce and its retention. The voluntary sector has been impacted by the wider financial insecurities, access to funding and volunteers. Numbers of single homeless are increasing in all LGA areas. Not enough effort, energy, and funding is put to any sort of early intervention or prevention agenda. **(Recommendation 5, 28)**

A further paper in 2024 by the National Audit Office on behalf of DLUHC (Now MHCLG) explored the 'Effectiveness of government in tackling homelessness.'¹⁴⁰ The paper explored the data and contributory factors to homelessness occurring. It references the numbers of people homeless is surging and that LGA costs associated with addressing homelessness have increased exponentially. It recognises that whilst DLUHC has a good understanding of the data surrounding homelessness, the lack of national strategy impacts its ability to coordinate a governmental response, whilst at the same time having limited power to influence other governmental departments decisions to deliver on any cross-cutting work impacting upon homelessness services. It can be observed that homelessness impacts across fifteen cross-government boards and nine major policy areas. Impacting at a local level is the lack of affordable housing and the complex funding arrangements that DLUHC make available to LGA areas.

It can be observed that single people leaving prison without a family home to return too are forty times more likely to experience homelessness. In 'What Works, Evidence Noted – Prison Discharge and Homelessness' by Gannon et al in 2024. The theme of leaving prison and what works is explored. What works (when implemented); Duty to refer scheme (a legal requirement), offenders pre-release panels, accommodation officers in HMP working and planning for an offender's release, dedicated housing for up to eighty-four days after release, (CAS3 Scheme),

¹³⁶ Gaetz S.; Schwan K.; Redman M.; French D.; and Dej E. (2018): *The Roadmap for the prevention of Youth Homelessness*. A Bucnea (ed.). Toronto, ON: Canadian Observatory on Youth Homelessness Press

¹³⁷ Homeless Link (2017): *Adopting the No Second Night Out Standard – Developing a Service for those new to the streets*: downloaded from www.homelessink.org.uk: last downloaded 1/6/18.

¹³⁸ DCLG (2011) *Vision to end Rough Sleeping: No Second Night Out Nationwide*. London. H.M Government: Downloaded from www.communities.gov.uk: Last downloaded 1/6/18.

¹³⁹ Homeless Link (2024), *Support to end homelessness: A Review of services addressing single homelessness in England*, Homeless Link, London.

¹⁴⁰ NAO (2024): *report – Value for Money - The effectiveness of government in tackling homelessness*: Downloaded from [The effectiveness of government in tackling homelessness - NAO report](https://nao.org.uk/reports/2024/value-for-money-the-effectiveness-of-government-in-tackling-homelessness) on 30/5/25.

multi-agency approach to managing the release and return to 'normality', rent bonds, debt alleviation budgets and employment. **(Recommendation 32, 25)**

Lastly in this section, any system of management and oversight should bear in mind the links between housing, social care and safeguarding when addressing homelessness and rough sleeping. In the MHCLG webinar on 6/2/25 – 'Working across housing, social care and safeguarding to tackle long term rough sleeping'¹⁴¹ It built upon the themes contained in Ward & Holmes (2014) *'Working with Change Resistant Drinkers - The project Manual'*. Only by putting safeguarding at the heart of any interaction with and for a person experiencing homelessness or rough sleeping. There is a wealth of knowledge, information and guidance on the Local Government Association website that relates to homelessness and safeguarding - [Search results | Local Government Association](#).

¹⁴¹ MHCLG (2025), *Working across housing, social care and safeguarding to tackle long term rough sleeping webinar* , Downloaded from [Working across housing, social care and safeguarding to tackle long-term rough sleeping: webinar - GOV.UK](#), last download 12/8/25

Part II

Data Surrounding the County of Herefordshire, Homelessness and People who Rough Sleepers

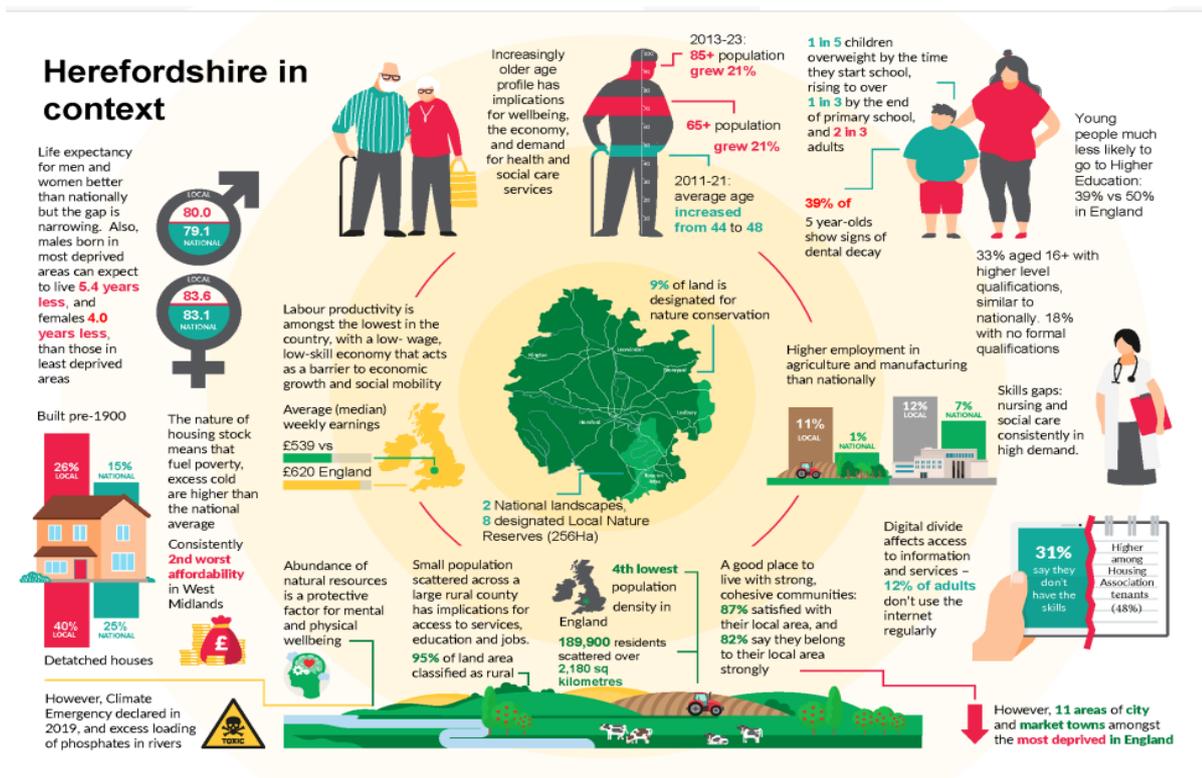
Before exploring these points in more detail, it is worth providing some context as to Rough Sleepers in Herefordshire.

When the October 2025 point in time Rough Sleeping count took place in Herefordshire, sixteen individuals were identified as being a 'rough sleeper' on that day. However, during 2025 as a whole, Herefordshire Council's Rough Sleeper Outreach Team (RSOT) directly worked with and provided support to 194 individuals across the county. These individuals were represented in all market towns and across rural areas. It can be observed however, that some 95% of demand was centred upon Hereford City and its immediate vicinity.

Of these 194 individuals:

- 170 were male.
- Twenty-four females.
- Age ranges: -
 - Under 18s 0 (0)
 - 18-24 – 5 (10)
 - 24-35 – 21 (44)
 - 35-44 – 28 (56)
 - 45-54 – 12 (24)
 - 55 Plus – 11(22)
 - Unknow – 10 (20)
- 162 clients were UK nationals.
- Twenty clients were non-UK nationals.
- Twelve were unknown nationality.

Herefordshire in Focus



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Background

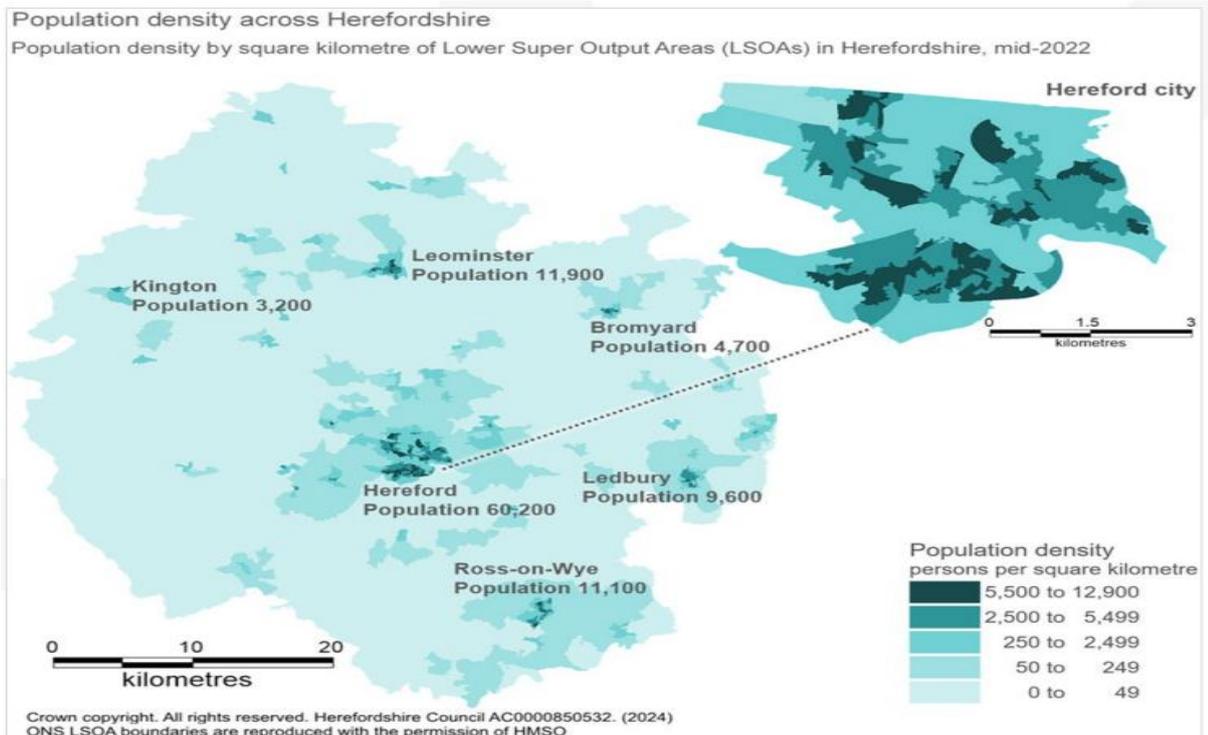
- Herefordshire is the third most sparsely populated county in England. It is a largely rural county of some 2,180 square kilometres.¹⁴³ The county is served by a few 'A' roads but mainly category 'B' and 'C' roads. It has a small section of motorway, the M50.
- Herefordshire has two National Landscapes (Wye Valley and Malvern Hills), 9% of land area is designated for nature conservation and it borders the Bannau Brycheiniog (Brecon Beacons) National Park. This offers a wealth of opportunities for residents and tourists to benefit from engaging with nature.¹⁴⁴
- Herefordshire Council is responsible for over 2,000 miles of road, 723 road bridges and 11,700 streetlights. This does not include trunk routes such as A49 and the M50 motorway, which are the responsibility of Highways England.¹⁴⁵

¹⁴² [HEREFORDSHIRE JSNA SUMMARY 2024](#) – pg. 5

¹⁴³ https://shapeatlas.net/place/E54000019#11/52.1173/-2.7164/b-05F/sc-pc,sc-sc/it-all,is-estimated_population_density;io-population_density_persons & [Economy & place - Understanding Herefordshire](#)

¹⁴⁴ [The natural environment - Understanding Herefordshire](#)

¹⁴⁵ [Topics relating to transport - Understanding Herefordshire](#)



Data source: [Mid-2022 population estimates for small areas](#), Office for National Statistics. Last accessed 19 March 2024.

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Deprivation

- Fifty-two of the 116 wards within Herefordshire are in the bottom 10% IMD Statistics in 2019 in terms of access to housing and services.¹⁴⁷
- 10% of LSOA in Herefordshire are among bottom 25% in England in terms of levels of whole deprivation.¹⁴⁸
- Herefordshire is one of the poorest counties in the country – gap between income and living expenses. It takes 11.9 times the average local income to purchase the average priced three-bedroom family home in Herefordshire.¹⁴⁹
- Second lowest levels of average pay per head of population in England.¹⁵⁰

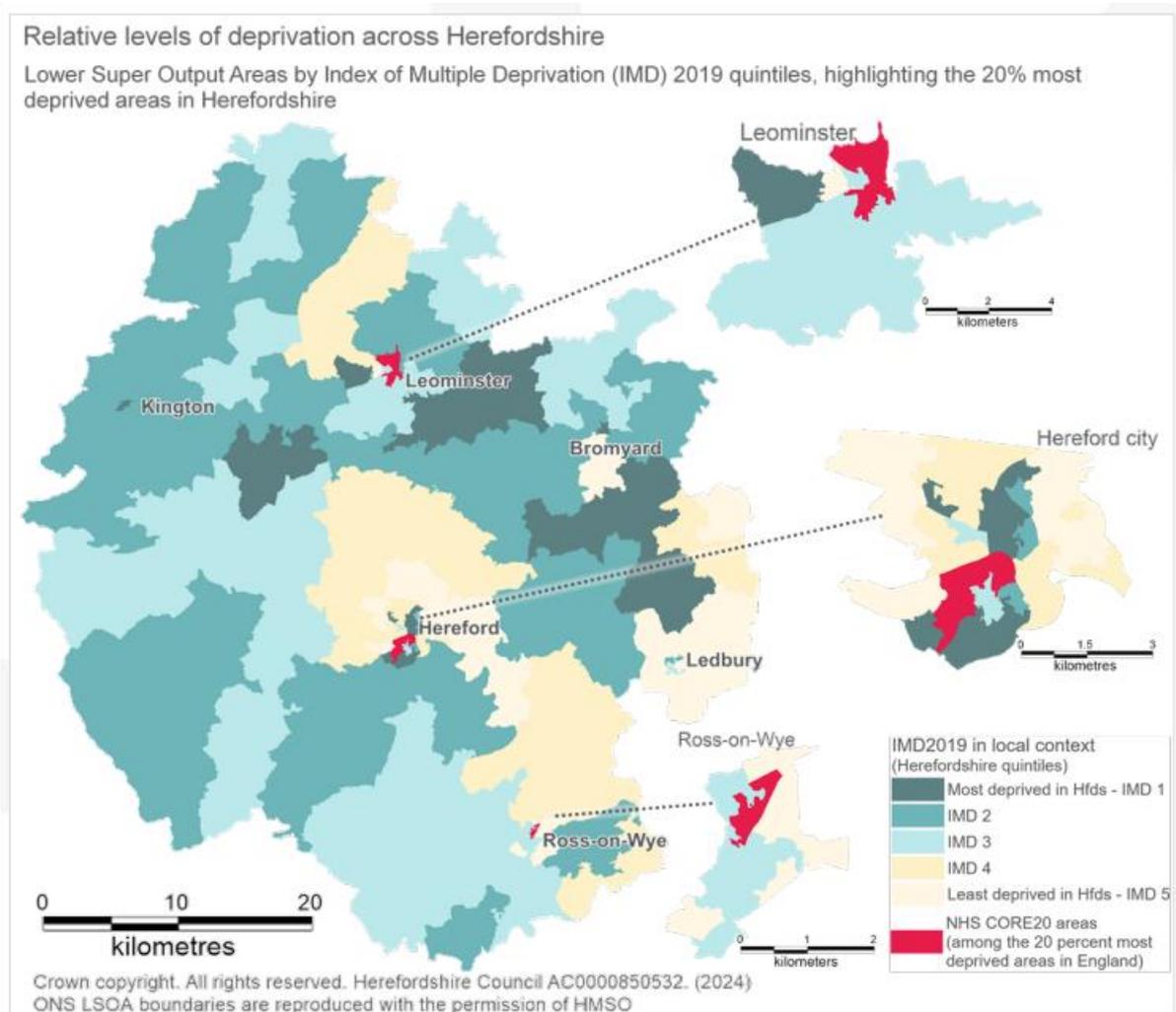
¹⁴⁶ [HEREFORDSHIRE JSNA SUMMARY 2024](#) – pg. 16

¹⁴⁷ https://shapeatlas.net/place/E54000019#11/52.1173/-2.7164/b-05F/sc-pc,sc-sc/it-all,is-deprivation:io-deprivation_2015_BHSD

¹⁴⁸ <https://understanding.herefordshire.gov.uk/inequalities/indices-of-multiple-deprivation-imd/health-deprivation/>

¹⁴⁹ https://shapeatlas.net/place/E54000019#11/52.1173/-2.7164/b-05F/sc-pc,sc-sc/it-all,is-deprivation:ii-deprivation_2015_ID and [HEREFORDSHIRE JSNA SUMMARY 2024](#) – pg. 58

¹⁵⁰ <https://understanding.herefordshire.gov.uk/place/>



Data source: [English Indices of Deprivation, 2019](#). Ministry of Housing, Communities and Local Government. Last accessed 9 December 2024.

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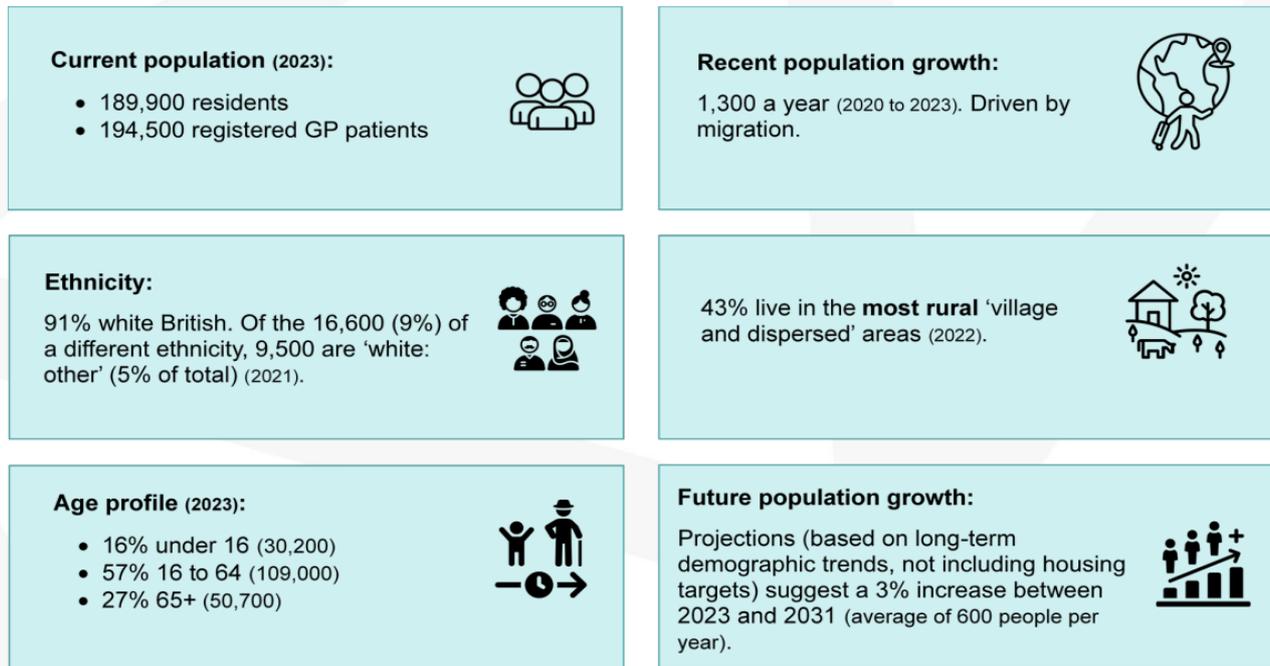
Population & Ethnicity

- Population of 189,900, (51% female, 49% Male). There have been one thousand fewer births than deaths since 2018 and without net-migration the population of Herefordshire would have shrunk.
- Herefordshire has a homelessness rate that is currently 0.15% of total population or 1.5 per 1000.¹⁵² (this equates to approximately 285 people homeless, hidden homeless and rough sleeping at the time of the census)
- Herefordshire has an older population than the national average, with around a quarter (27%) of residents aged 65 or over, compared with 19% in England and Wales and older working age adults aged 45 to 64 (28% vs 25%), but lower proportions of younger working age adults aged 16 to 44 (30% vs 38%) and children (16% vs 18%).
- In 2021, 8.9% of the county's total population identified themselves as being of an ethnicity other than 'white: British' - this is still very low compared to nationally (26%).
- People of 'white: other' origin (i.e. not British; Irish; Gypsy or Irish Traveller) made up the largest single minority group: 5.1% of the population, and this group grew the most rapidly over the previous two decades following the eastward expansion of the European Union (EU) in 2004.

¹⁵¹ [HEREFORDSHIRE JSNA SUMMARY 2024](#) – pg. 8

¹⁵² <https://understanding.herefordshire.gov.uk/population/>

- Of the 16,000 county residents who were born outside the UK, 94% (15,040) have been here for longer than 2 years. Only 6% for fewer than 2 years. (Note that these estimates are based on the resident population, meaning that people who come to Herefordshire from outside the UK for less than a year will not be included in the figures - including the several thousand seasonal workers from overseas that come to work on Herefordshire farms over the spring and summer.)¹⁵³



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Safeguarding

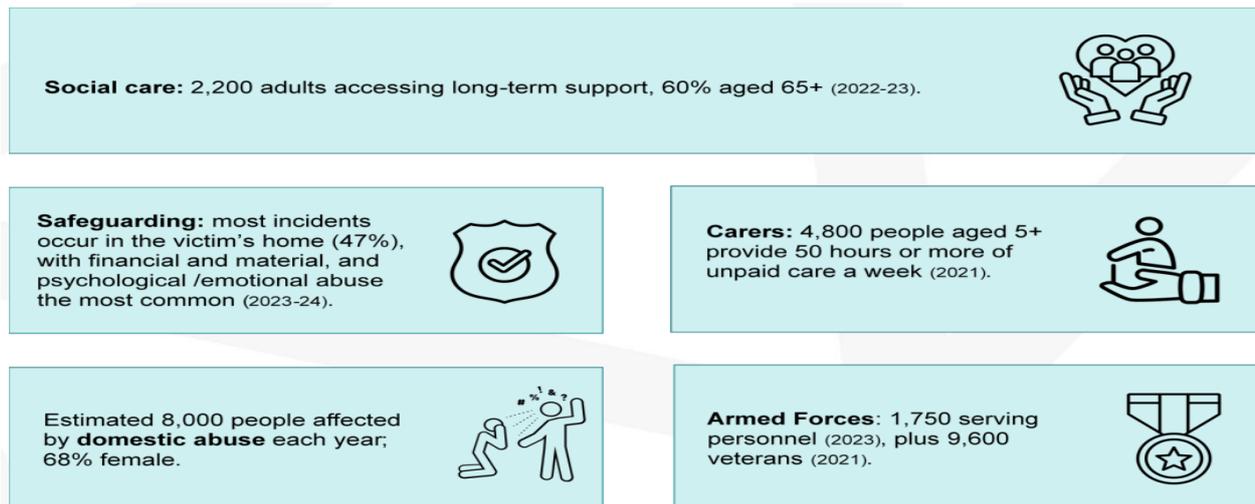
- The 2023 Herefordshire Community Wellbeing Survey found that 18% of adults say they felt lonely 'some of the time' or 'often / always'. While the proportion who sometimes feel lonely was similar to 2021 (12% vs 13%), the proportion who felt lonely often or always fell from 10% in 2021 to 6% in 2023.¹⁵⁵
- Parental mental illness is one of most common reasons for children to need social services involvement. Around 4,900 under eighteens in Herefordshire are living with a parent with severe mental health issues.¹⁵⁶

¹⁵³ [Changing population - Understanding Herefordshire](#)

¹⁵⁴ [HEREFORDSHIRE JSNA SUMMARY 2024 – pg15](#)

¹⁵⁵ [Loneliness and involuntary social isolation - Understanding Herefordshire](#)

¹⁵⁶ [Mental health - Understanding Herefordshire](#)



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Herefordshire Safeguarding Adults Board

The current priorities for the HSAB are: -

- **Self-neglect:** improving the response to understanding and managing self-neglect needs, making sure all agencies understand and respond to self-neglect.
- **Exploitation:** addressing the safeguarding issues and challenges arising from criminal exploitation including 'cuckooing,' sexual exploitation, modern slavery, county lines, human trafficking, and financial exploitation.
- **Prevention:** supporting initiatives and activities which prevent or reduce abuse and neglect and keep people safe.
- **Neglect and omission:** understanding the profile of neglect and omission occurrences within the county and identifying approaches and resources to mitigate the impact.
- **Board effectiveness:** ensuring the board fulfils its statutory duties and is effective in its role of assurance of the safeguarding system.

The HSAB has also decided to focus on:

- Transitions for those moving from a child to an adult service, service to service, or service to discharge, in a safe and positive way.
- Following the Safeguarding Adults Review on adults with multiple and complex needs the Board, monitoring provision for those 'rough sleeping' in Herefordshire.

Characteristics of those affected by safeguarding concerns

1,300 safeguarding concerns were received by Herefordshire Council in 2023-24, and 120 safeguarding enquiries were opened. Due to a change in practice, the number of concerns being referred to the safeguarding team reduced substantially from the previous year (2,250).

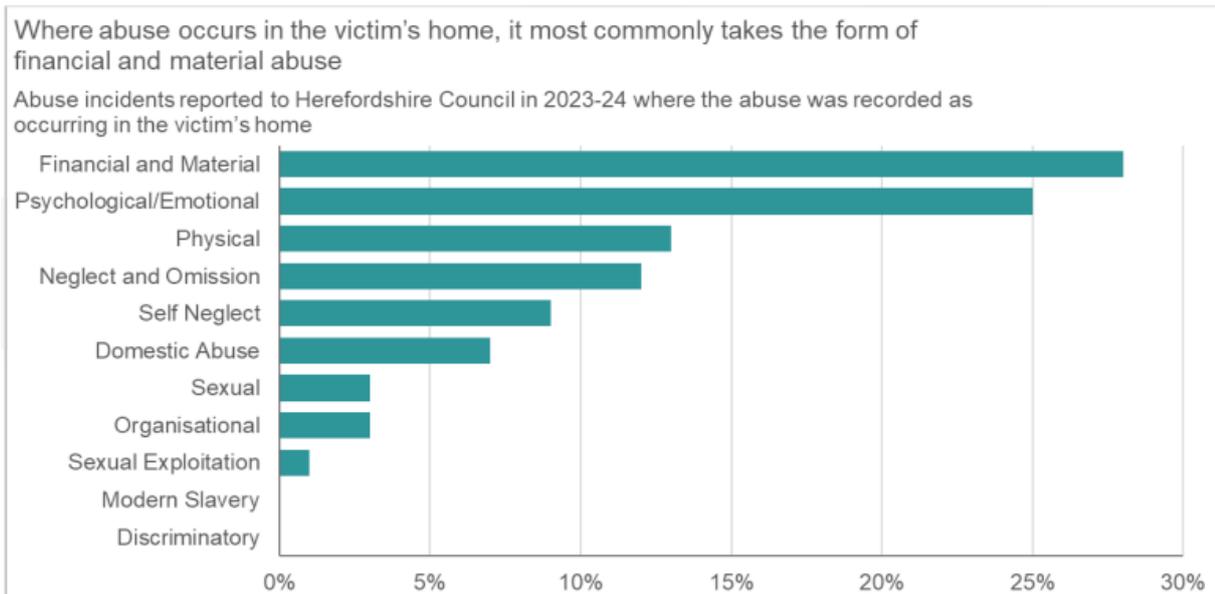
In 2023-24, 34% of all concerns involved people aged 18 to 64, while 24% were eighty-five or over.

Almost half of incidents involve those in their own home (47%), with 'financial and material' and 'psychological/emotional' the most commonly reported types of abuse, each mentioned in 25% or more of incidents.

The 'source of risk' was personally known to the individual in 48% of concluded enquiries and providing a service to the person in 23% of concluded enquiries.

To Support this, work the board uses an exploitation toolkit.¹⁵⁸

In thirty completed enquiries the person at risk lacked mental capacity. Where the person was assessed as not having capacity in 2022-23, 33% were provided with either formal or informal advocacy but in 2023-24, this proportion fell to 25%. The HSAB is reviewing these data to understand why more advocacy is not taken up or provided.



Data source: [Herefordshire Safeguarding Adults Board Annual Report 2023-2024](#)

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Domestic Abuse¹⁶⁰

‘Domestic Abuse [DA] has a huge impact on society and is one of the most pervasive of all social problems. It causes pain and suffering for those affected and their family and has a significant cost to public services and the local community. It is often a hidden crime, with people experiencing domestic abuse reluctant to report their situation and friends, neighbours, or family hesitant to get involved.’ (Herefordshire’s strategy for addressing domestic abuse, 2021-24)¹⁶¹

Under the Domestic Abuse Act 2021, local authorities are required to regularly assess the need for accommodation-based domestic abuse support in their area. The 2024 needs assessment will inform the new DA strategy, to be published in 2025.

The Act defines DA as ‘any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality’.

There are currently no official estimates of trends in the extent (prevalence) of domestic abuse, however, SafeLives,¹⁶² a leading charity, estimate that around 8,000 people a year in Herefordshire experience it: 5,500 (68%) females and 2,500 (32%) males.

¹⁵⁸ [HSAB-Adults-exploitation-toolkit-v7.docx](#)

¹⁵⁹ [HEREFORDSHIRE JSNA SUMMARY 2024](#) – pg. 49

¹⁶⁰ [HEREFORDSHIRE JSNA SUMMARY 2024](#) – pg. 50

¹⁶¹ [Domestic abuse strategy - Council policies, strategies and procedures – Herefordshire Council](#)

¹⁶² [We are SafeLives - Ending domestic abuse](#)

In 2023-24 931 households approached Herefordshire Council for housing assessment and support. 133 (14.3%) of these households gave fleeing domestic abuse as the reason for needing housing support. ¹⁶³

Reflecting the hidden nature of domestic abuse, it was estimated that of these victims, only 34% of females and 24% of males accessed services. It is therefore unlikely that numbers recorded by services will ever give a complete picture.

Domestic abuse crime is highest in the most deprived areas West Mercia Police recorded 2,100 DA offences (recorded crimes) in Herefordshire in 2022-23; slightly lower than the 2020-21 peak of 2,200 but still much higher than the 1,400 in 2017-18. Whilst this may suggest an increase in offences being committed, it may also be linked to better recording, recognition and reporting of DA. The gender profile of victims is similar to the estimated prevalence. Raw data from West Mercia Police for 2024 demonstrate the ongoing impact of DA in the county. The below figures reference the numbers of people with a Domestic Abuse 'marker' on police systems following the reporting of DA incidents and offences across the whole of 2024. It should be noted that these figures do not represent a unique individual person in each case, but the count of individuals in each DA Incident or crime. People could feature multiple times and also be represented as a victim and suspect. It does demonstrate the size and impact of DA across the county.

Victim:

Female - 7754

Male - 3297

Suspect:

Female - 2833

Male – 7591

With regards to the number with DV/DA order of some type. I have been advised of the following: in 2024 there were 99 DVPN applications (Domestic Violence Protection Notices - 10 of which were issued to females.

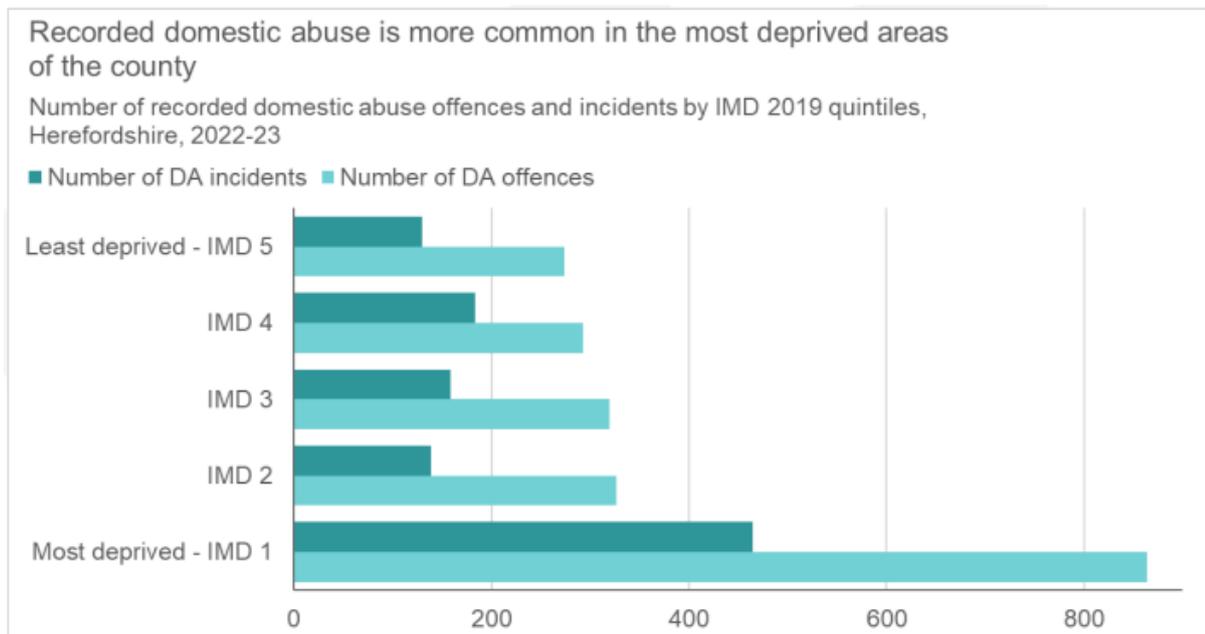
There is a clear link with deprivation, with over 40% of both offences and incidents (when police attend but no crime is recorded) occurring in the most deprived quintile (IMD 1) of the county.

Fewer than 10% of offences in 2022-23 proceeded to a criminal charge or summons; with the most common reasons being the victim not supporting police action (57%) or difficulties with evidence (25%).

Accommodation needs Based on population size, the Council of Europe recommends nineteen units of safe accommodation in Herefordshire. In 2022-23 this level was provided, with a further four commissioned for future use.

However, despite this adequate provision of immediate refuge, feedback from people with lived experience of DA suggests a need for sustained housing options upon leaving safe spaces and improving in-home security arrangements to allow survivors to remain in their homes.

¹⁶³ [Tables on homelessness - GOV.UK](#)



Data source: Domestic abuse crime and incident data supplied by West Mercia Police

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Housing

- Housing development has a strong influence on population growth and according to local housing growth targets, there is to be a minimum of around 14.5K new homes to be built between 2016 and 2031 in Herefordshire. However, around a further 1.5K dwellings were incorporated into the dwelling-led forecast to consider other planning permissions which are granted on speculative sites, taking the total up to around 16K new dwellings over this period. Under this scenario, the population of Herefordshire could mean an increase of up to around 2K additional residents per year.¹⁶⁵
- Herefordshire had a total dwelling stock of 85,995 dwellings in April 2019. Of this 86.5% was in private sector ownership and 13.1% by Registered Providers (of social housing), and 0.4% by other public sector bodies. Just over two thirds of the County's housing stock comprise family sized housing with three or more bedrooms. There is a concentration of smaller dwellings in Hereford City and the larger market towns. Detached properties represented 42.7% of the housing stock in the County compared to 23.7% across the West Midlands and 22.6% across England and Wales.¹⁶⁶
- Affordability is a key issue in Herefordshire. The median value of house sales across the county in 2019 was £235,000. The median house price-to-earnings ratio in Herefordshire in 2019 was 11.9[2]; this is significantly higher than both the West Midlands and national averages, at 6.2 and 7.1 respectively, pointing to stronger relative affordability pressures. Herefordshire has a higher proportion of lone pensioner households, 16 per cent compared to the West Midlands and England and Wales (both with 12 per cent).¹⁶⁷
- Herefordshire has a higher proportion of households who own their home outright and a lower proportion who own their home with a mortgage, compared with England and Wales. It has a slightly lower proportion that privately rent their home from a landlord or letting agency and a lower proportion that are in social rented accommodation, compared with nationally.¹⁶⁸
- The majority (40%) of dwellings in Herefordshire are detached, a much higher proportion than the national average (25%) and the regional average (25%). In addition, the majority

¹⁶⁴ [HEREFORDSHIRE JSNA SUMMARY 2024](#) – pg. 50

¹⁶⁵ [Growing population - Understanding Herefordshire](#)

¹⁶⁶ McSherry, H., (2024): Herefordshire County Council- local Housing Strategy 2021-2026; Downloaded from [Local housing strategy 2021-2026](#) on 30/4/25.

¹⁶⁷ [Topics relating to housing - Understanding Herefordshire](#)

¹⁶⁸ [Topics relating to housing - Understanding Herefordshire](#)

(28%) of dwellings in Herefordshire were built before 1919, a much higher proportion than for England (11%) and the West Midlands (9%).¹⁶⁹

- A recent housing stock modelling exercise undertaken by BRE on behalf of Herefordshire Council found 19,358 dwellings in the private sector have 'category 1' HHSRS hazards. This equates to 27% of properties. 3,813 dwellings in the private rented sector have category 1 HHSRS hazards. This equates to 25% of properties in the private rented sector. The highest concentrations of all HHSRS hazards in the private sector are found in the wards of Birch, Castle, and Golden Valley North.¹⁷⁰
- Comparing Herefordshire to the English Housing Survey (EHS) England average figures for the private sector stock Herefordshire again has significantly higher levels of all hazards and excess cold. Herefordshire has slightly higher levels for all the other indicators.¹⁷¹
- Compared with the regional average, the private stock again has higher rates of all hazards (27% compared to 14%) and excess cold (19% compared to 3%), with similar levels of the other indicators and slightly lower levels of low-income households (19% compared to 20%).¹⁷²
- Around 19.2% (c.16,300) of households in Herefordshire were in fuel poverty in 2021: a higher proportion than in England (13.1%) and the West Midlands (18.5%) and an increase from 17% (c.14,000 households) in 2020.¹⁷³
- In 2022/23, 19.7% of children under sixteen in Herefordshire (c.5,900 children) were living in relative low-income families; a similar proportion to England (19.8%) but lower than the West Midlands (28.4%). 15.0% of children (c.4,500 children) were living in absolute low-income families, compared to 15.6% in England and 21.7% in the West Midlands. (It is important to note though that these figures do not take account of housing costs. Third sector research suggests that after taking account of housing costs, in 2021-22 30.7% of children in Herefordshire were living in poverty; a higher proportion than nationally (29.2%) but less than the West Midlands region (38%). This equates to around 10,900 children in Herefordshire living in poverty.)¹⁷⁴

¹⁶⁹ [Topics relating to housing - Understanding Herefordshire](#)

¹⁷⁰ [Topics relating to housing - Understanding Herefordshire](#)

¹⁷¹ [Topics relating to housing - Understanding Herefordshire](#)

¹⁷² [Topics relating to housing - Understanding Herefordshire](#)

¹⁷³ [Fuel poverty - Understanding Herefordshire](#)

¹⁷⁴ [Inequalities - Understanding Herefordshire](#)

Herefordshire

Homelessness Data

In this section the data surrounding households who present to Herefordshire Council's Housing Solutions Team at Blueschool House with a housing support need, is reviewed.

All data is drawn from HM Government DELTA tables.¹⁷⁵ These tables show a range of data samples at National regional and LHA level. All local authorities are represented in the web-based tables.

It can be observed that the actual DELTA tables record the data for an actual calendar year in one Excel spread sheet format. Each sheet (table) has twenty-eight data sets, which are set out as tabulated Excel data sheets.

For the purposes of this review, each data set between 2018 and 2023/24 has been distilled into one combined sheet, to support ease of comparison between years. It can be observed that the approved DELTA tables for 2024/25 have not been published at the time of writing this report.

Each table or graph referred to in this section has an alpha numerical reference in the title. This reference corresponds to the DELTA table data tabulated set or data sheet.

DELTA data sheets capture the number of 'households' who make an application for housing support due to being at risk of or being homeless. A Household has a lead applicant and dependents. A household could be a single person or a family of several people.

Finally, the DELTA tables are clustered into four sections. Section 'A' records data about all applicants, duty decisions, and demographics, across all decisions, but also specific to the 'Prevention Duty' and the 'Relief Duty.' The 'P' section of the tables relates to outcomes in relation to the 'Prevention Duty.' The 'R' section of the tables relates to outcomes in relation to the 'Relief Duty' and the 'M' tables relate to data about the 'Main Duty Decision.' Each of these four sections has a drop-down menu sheet that can be set to list a summary of any of the English Local Authorities, regional levels, or indeed national English level. The DELTA tables have been converted to graphs and tables and can be found at Appendix E.

In table 1 below tabulated data sheet A1 refers to the number of households who have presented to Herefordshire Council for housing support after being threatened with homelessness or are actually homeless.

In order to draw comparisons between each year, the total numbers of presentations for 2024/25 have been drawn from the un-approved DELTA data for that year. Tab A1 data set is the only DELTA Data tab this has been drawn from for this comparison work.

It can be observed that since 2018 numbers rose steadily into and through the pandemic before dropping to below pre-pandemic levels. The average number of presentations for housing support was 1,079 households over this period. Of these an average of 1,026 (95%) were owed a statutory duty by Herefordshire Council to Prevent or Relieve the household homelessness or threatened homelessness. (for an explanation of Prevention and Relief duties see section 1 Legal and Herefordshire Housing Perspective pages 6-13 above)

¹⁷⁵ [Tables on homelessness - GOV.UK](#)

It can be observed that an average of 540 households were owed the main Prevention duty over this period and 487 were owed the main Relief duty. Whilst the numbers of households needing 'Relief' from actually being homeless has remained relatively stable, the numbers of households needing support for the 'Prevention' duty has reduced significantly, in part due to the work, since 2023 of the Early Intervention work undertaken by Herefordshire Council through the Talk Community network of hubs.

| | | Total Assessments | Total Owed a Prevention or Relief Duty | % | Prevention Duty | Relief Duty |
|---------------|---------|-------------------|--|-----|-----------------|-------------|
| Herefordshire | 2024/25 | 687 | 672 | 98 | 236 | 436 |
| Herefordshire | 2023/24 | 864 | 758 | 88 | 314 | 444 |
| Herefordshire | 2022/23 | 1,337 | 1,330 | 99 | 652 | 678 |
| Herefordshire | 2021/22 | 1,161 | 1,158 | 100 | 599 | 559 |
| Herefordshire | 2020/21 | 1,138 | 1,130 | 99 | 616 | 514 |
| Herefordshire | 2019/20 | 1,015 | 939 | 93 | 508 | 431 |
| Herefordshire | 2018/19 | 956 | 841 | 88 | 548 | 293 |
| | Average | 1,079 | 1,026 | 95 | 540 | 487 |

Table 1: (A1) 2018-2025 – data for initial assessments and duty owed – broken down to Prevention Duty and Relief Duty.

In table 2, the tabulated data A2P – Prevention duty by reason for initial presentation, it can be observed that of the 314 households owed the main 'Prevention' duty in 2023/24 the end of an AST (Assured Short-term Tenancy) is the main reason, they were served an eviction notice(122), followed by friends or family no longer willing to accommodate (77), then a non-violent relationship breakdown (19), then end of non AST Private tenancy, then end of Social Landlord tenancy (15) then home not suitable or reason not known (14),and then other violence or harassment (normally DA related) (10). Eviction from Supported Housing, released from an Institute (prison) and ill health collectively accounted for ten presentations.

It can be observed that this data remains the same over the yearly average and is broadly similar over preceding all years with end of AST alternating with Friends or family not willing to accommodate.

The top four reasons are: 1. End of Tenancy (all forms); 2. Friends / Family no longer Willing to accommodate; (**Recommendation 20**) 3. Non-violent relationship breakdown; and 4. Home not suitable due to ill-health or not known.

| | Total owed a prevention duty ¹ | Total end of AST | End of non-AST private rented tenancy | Family or friends no longer willing or able to accommodate | Non-violent relationship breakdown with partner | Other violence or harassment | Total end of social rented tenancy | Total evicted from supported housing | Total Departure from institution | Required to leave accommodation provided by Home Office as asylum support | Home no longer suitable - disability / ill health ⁶ | Other reasons / not known ⁵ - inc home not suitable due to ill health |
|----------------|---|------------------|---------------------------------------|--|---|------------------------------|------------------------------------|--------------------------------------|----------------------------------|---|--|--|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2023/24 | 314 | 122 | 17 | 77 | 19 | 10 | 15 | 5 | 2 | 0 | 3 | 14 |
| 2022/23 | 652 | 227 | 30 | 122 | 42 | 23 | 33 | 10 | 3 | 0 | 0 | 77 |
| 2021/22 | 599 | 217 | 18 | 133 | 54 | 19 | 17 | 7 | 1 | 0 | 0 | 54 |
| 2020/21 | 616 | 136 | 25 | 164 | 52 | 24 | 28 | 12 | 1 | 0 | 0 | 64 |
| 2019/20 | 508 | 132 | 21 | 125 | 51 | 12 | 25 | 4 | 2 | 0 | 0 | 76 |
| 2018/19 | 548 | 166 | 24 | 131 | 70 | 11 | 42 | 4 | 1 | 0 | 0 | 54 |
| TOTAL | 3,237 | 1,000 | 135 | 752 | 288 | 99 | 160 | 42 | 10 | 0 | 3 | 339 |
| Average | 540 | 167 | 23 | 125 | 48 | 17 | 27 | 7 | 2 | 0 | 1 | 57 |
| % | | 31 | 4 | 23 | 9 | 3 | 5 | 1 | 0 | 0 | 0 | 10 |

Table 2: (A2P) 2018-2025 – Prevention duty and reason for presentation

In Table 3: the tabulated data A2R – Relief Duty by presentation reason, it can be observed that of the 444 households owed the main relief duty in 2023/24 friends or family no longer willing to accommodate (125) is the main reason for the duty being owed (**Recommendation 20**), followed by Domestic Abuse (103), the end of an AST (Assured Short-term Tenancy) - they were served an eviction notice (50) jointly with a non-violent relationship

breakdown (50), then end of non AST Private tenancy (19), then departure from an institute (18), then evicted from supported housing (16), then other violence or harassment (normally DA related) (12), then home not suitable or reason not known (12) and home not suitable due to ill health or disability, also (12), then end of Social Landlord tenancy (11) and required to leave accommodation provided by Home Office (1). In addition, there were twenty-seven households for who the reason for presentation was not known or for another unlisted category.

It can be observed that this data is broadly similar over preceding years.

The top four reasons are: 1. Friends / Family no longer Willing to accommodate; 2. Domestic Abuse; 3. End of Tenancy (all types); and 4. Non-Violent Relationship breakdown.

| | Total owed a relief duty | Total end of AST | End of non-AST private tenancy | Family or friends no longer willing or able to accommodate | Non-violent relationship breakdown with partner | Total Domestic abuse | Other violence or harassment | Total end of social rented tenancy | Total evicted from supported housing | Total Departure from institution | Required to leave accommodation provided by Home Office as asylum support | Home no longer suitable - disability / ill health ⁶ | Other reasons / not known ⁵ |
|----------------|--------------------------|------------------|--------------------------------|--|---|----------------------|------------------------------|------------------------------------|--------------------------------------|----------------------------------|---|--|--|
| 2023/24 | 444 | 50 | 19 | 125 | 50 | 103 | 12 | 11 | 16 | 18 | 1 | 12 | 27 |
| 2022/23 | 678 | 85 | 24 | 205 | 83 | 157 | 23 | 18 | 27 | 19 | 0 | 0 | 37 |
| 2021/22 | 559 | 55 | 22 | 168 | 60 | 8 | 11 | 25 | 11 | * | * | * | * |
| 2020/21 | 514 | 49 | 19 | 171 | 85 | 6 | 12 | 11 | 20 | * | * | * | * |
| 2019/20 | 431 | 35 | * | 27 | 16 | 9 | 1 | 10 | * | * | * | * | * |
| 2018/19 | 293 | 28 | * | 23 | 14 | 7 | 1 | 6 | * | * | * | * | * |
| Total | 2,919 | 302 | 84 | 719 | 308 | 290 | 60 | 81 | 74 | 37 | 1 | 12 | 13 |
| Average | 487 | 50 | 21 | 120 | 51 | 48 | 10 | 14 | 19 | 19 | 1 | 6 | 7 |
| % | | 10 | | 25 | 11 | 10 | 2 | 3 | | | | | |

* = data not collected this year.

Table 3: (A2R) 2018-2025 – Relief duty and reason for presentation

If we now, consider support needs (Priority Needs Assessment) for households. (For an explanation of Priority Need / Support Needs see Legal and Herefordshire Housing Perspective pages 6-13 above) Table 4 sets out the total number of households presenting each year with support needs. The average over the six-year period is 626.6 households had a support need each year. Table 5 sets out the number of support needs per household, e.g. 227 households had one support need (Average 304), 122 had two support needs (149.7 Average) and 146 had three or more support needs (173.7 average). Table 6 sets out the total number of all support needs per year assessed; there was an average of 1283.2 per year.

| | | | Total households with support needs |
|-----------|----------------|----------------|-------------------------------------|
| E06000019 | Herefordshire | 2023/24 | 495 |
| E06000019 | Herefordshire | 2022/23 | 817 |
| E06000019 | Herefordshire | 2021/22 | 738 |
| E06000019 | Herefordshire | 2020/21 | 762 |
| E06000019 | Herefordshire, | 2019/20 | 551 |
| E06000019 | Herefordshire | 2018/19 | 399 |
| | | TOTAL | 3761 |
| | | Average | 626.8 |

Table 4: (A3) 2018-2025 – Total Households with Support Needs.

| | Households with one or more support needs owed duty | | |
|----------------|---|--------------|--------------|
| | 1 | 2 | 3+ |
| 2023/24 | 227 | 122 | 146 |
| 2022/23 | 363 | 206 | 248 |
| 2021/22 | 341 | 183 | 214 |
| 2020/21 | 331 | 199 | 232 |
| 2019/20 | 258 | 134 | 159 |
| 2018/19 | 302 | 54 | 43 |
| TOTAL | 1822 | 898 | 1042 |
| Average | 304 | 149.7 | 173.7 |

Table 5: (A3) Households with one or more support needs.

| | Total number of support needs ¹ |
|----------------|--|
| 2023/24 | 1,053 |
| 2022/23 | 1,759 |
| 2021/22 | 1,531 |
| 2020/21 | 1,603 |
| 2019/20 | 1,180 |
| 2018/19 | 573 |
| TOTAL | 7699 |
| Average | 1283.2 |

Table 6: (A3) Total numbers of Support

It can be observed that in 2022/23 nearly 95% of all applicants had a priority or support need. In 2023/24 72% of households similarly met that threshold.

Tables 7A and 7B, Tabulated data sheet 3A – set out the actual type of support need by category. It can be observed that a history of Mental Ill-health, physical ill-health, at risk of or experienced Domestic Abuse, accessing Education Employment or Training, offending history and repeated homelessness are the top five categories of support need in most of the past 6 years, both yearly and as an average.

| | Young person aged 16-17 years | Young person aged 18-25 years requiring support to manage independently | Young parent requiring support to manage independently | Care leaver aged 18-20 years | Care leaver aged 21-24 ³ | Care leaver aged 25+ ⁴ | Care leaver - retired option ⁵ | Physical ill health and disability | History of mental health problems |
|----------------|-------------------------------|---|--|------------------------------|-------------------------------------|-----------------------------------|---|------------------------------------|-----------------------------------|
| 2023/24 | 6 | 16 | 2 | 12 | 0 | 0 | 17 | 186 | 275 |
| 2022/23 | 15 | 27 | 5 | 22 | 0 | 0 | 32 | 275 | 445 |
| 2021/22 | 2 | 39 | 5 | 14 | 21 | * | * | 260 | 391 |
| 2020/21 | 3 | 36 | 7 | 12 | 29 | * | * | 262 | 395 |
| 2019/20 | 1 | 49 | 9 | 9 | 27 | * | * | 196 | 287 |
| 2018/19 | 1 | 47 | 4 | 8 | 8 | * | * | 115 | 144 |
| TOTAL | 28 | 214 | 32 | 77 | 85 | 0 | 49 | 1,294 | 1,937 |
| Average | 5 | 36 | 5 | 13 | 14 | 0 | 8 | 216 | 323 |
| % | 0 | 3 | 0 | 1 | 1 | 0 | 1 | 20 | 30 |

Table 7a: (A3) Types of Support Needs

* not collected as a data set that year

| | Learning disability | At risk of / has experienced sexual abuse / exploitation | At risk of / has experienced domestic abuse | At risk of / has experienced abuse (non-domestic abuse) | Drug dependency needs | Alcohol dependency needs | Offending history | History of repeat homelessness | History of rough sleeping | Former asylum seeker | Old age | Served in HM Forces | Access to education, employment or training | Victim of modern slavery | Difficulties budgeting |
|----------------|---------------------|--|---|---|-----------------------|--------------------------|-------------------|--------------------------------|---------------------------|----------------------|------------|---------------------|---|--------------------------|------------------------|
| 2023/24 | 48 | 18 | 125 | 16 | 30 | 28 | 65 | 65 | 50 | 1 | 11 | 9 | 70 | 0 | 3 |
| 2022/23 | 99 | 35 | 235 | 30 | 45 | 59 | 90 | 115 | 69 | 1 | 16 | 19 | 125 | 0 | 0 |
| 2021/22 | 62 | 12 | 195 | 22 | 57 | 55 | 120 | 122 | 84 | 4 | 37 | 27 | 2 | * | * |
| 2020/21 | 78 | 20 | 204 | 30 | 63 | 49 | 119 | 129 | 111 | 1 | 29 | 25 | 1 | * | * |
| 2019/20 | 64 | 13 | 111 | 22 | 61 | 43 | 86 | 80 | 86 | 0 | 19 | 13 | 4 | * | * |
| 2018/19 | 18 | 3 | 68 | 14 | 24 | 31 | 32 | 13 | 26 | 0 | 4 | 5 | 8 | * | * |
| TOTAL | 369 | 101 | 938 | 134 | 280 | 265 | 512 | 524 | 426 | 7 | 116 | 98 | 210 | 0 | 3 |
| Average | 62 | 17 | 156 | 22 | 47 | 44 | 85 | 87 | 71 | 1 | 19 | 49 | 105 | 0 | 2 |
| % | 6 | 2 | 14 | 2 | 4 | 4 | 8 | 8 | 7 | 0 | 2 | 5 | 10 | 0 | 0 |

Table 7b: (A3) Types of Support Needs

* not collected as a data set that year

Tables 8 and 9 – Tabulated tables A4P and A4R respectively, detail the type of accommodation households were in immediately prior to the point of presenting for assessment for housing support. They are the prevention and relief tables, respectively.

The data in each table differs. Examining Table 8 (Prevention) it can be observed that prior to a housing need being required, most households were being accommodated in the Private Rental Sector (PRS), living directly with family or in a Social Rented Sector (SRS). Conversely in Table 9 (Relief) it can be observed that prior to a housing need being required most households were Living with family, No Fixed Abode (Sofa Surfing), then living with friends, then Rough sleeping, in a Private Rental Sector (PRS), followed by Social Rented Sector (SRS) or just been released from an institute. It must be noted that with a relief duty

intervention, most households would have already attempted to prevent their own homelessness by accessing friends and family and hence the increasing numbers that are NFA or rough sleeping at the point of presentation for housing support. This therefore poses the question about what the impact could have been if a statutory agency had been able to intervene and support sooner?

| | Total owed a prevention duty ^{1,2} | Total PRS | Total SRS | Owner- occupier / shared ownership | Living with family | Living with friends | T A | Total NFA | Rough sleeping | Refugee | National Asylum Seeker Support (NASS) accommodation | Total homeless on departure from institution | Other / not known ³ |
|----------------|--|--------------|--------------|---|--------------------------|---------------------------|-----------|--------------|-------------------|-----------|--|---|--------------------------------------|
| 2023/24 | 314 | 142 | 43 | 7 | 79 | 18 | 3 | 0 | 0 | 1 | 0 | 7 | 14 |
| 2022/23 | 652 | 306 | 98 | 28 | 158 | 29 | 0 | 0 | 0 | 2 | 0 | 7 | 24 |
| 2021/22 | 599 | 263 | 83 | 30 | 147 | 37 | 1 | 0 | 0 | 0 | 0 | 3 | 35 |
| 2020/21 | 616 | 183 | 113 | 22 | 202 | 39 | 3 | 0 | 0 | 2 | 0 | 5 | 47 |
| 2019/20 | 508 | 179 | 53 | 13 | 180 | 36 | 0 | 1 | 0 | 3 | 0 | 7 | 36 |
| 2018/19 | 548 | 218 | 71 | 9 | 173 | 38 | 3 | 1 | 0 | 2 | 0 | 4 | 29 |
| Total | 3,237 | 1,291 | 461 | 109 | 939 | 197 | 10 | 2 | 0 | 10 | 0 | 33 | 185 |
| Average | 540 | 215 | 77 | 18 | 157 | 33 | 2 | 0 | 0 | 2 | 0 | 6 | 31 |
| % | | 40 | 14 | 3 | 29 | 6 | 0 | 0 | 0 | 0 | 0 | 1 | 6 |

Table 8: (A4P) Households owed a Prevention Duty – Accommodation at time of presentation.

| | Total owed a Relief duty ^{1,2} | Total PRS | Total SRS | Owner-occupier / shared ownership | Living with family | Living with friends | TA | Total NFA | Rough sleeping | Refuge | National Asylum Seeker Support (NASS) accommodation | Total homeless on departure from institution | Other / not known ³ |
|----------------|---|------------|------------|-----------------------------------|--------------------|---------------------|-----------|------------|----------------|-----------|---|--|--------------------------------|
| 2023/24 | 444 | 40 | 29 | 9 | 104 | 64 | 12 | 82 | 54 | 10 | 0 | 26 | 14 |
| 2022/23 | 678 | 41 | 48 | 8 | 128 | 59 | 13 | 171 | 127 | 19 | 0 | 48 | 16 |
| 2021/22 | 559 | 20 | 29 | 5 | 106 | 51 | 5 | 202 | 76 | 15 | 0 | 38 | 12 |
| 2020/21 | 514 | 10 | 10 | 1 | 113 | 85 | 9 | 185 | 39 | 13 | 0 | 33 | 16 |
| 2019/20 | 431 | 13 | 12 | 3 | 94 | 48 | 3 | 180 | 39 | 7 | 0 | 14 | 18 |
| 2018/19 | 293 | 21 | 19 | 5 | 46 | 34 | 10 | 119 | 13 | 7 | 0 | 9 | 10 |
| Total | 2,919 | 145 | 147 | 31 | 591 | 341 | 52 | 939 | 348 | 71 | 0 | 168 | 86 |
| Average | 487 | 24 | 25 | 5 | 99 | 57 | 9 | 157 | 58 | 12 | 0 | 28 | 14 |
| % | | 5 | 5 | 1 | 20 | 12 | 2 | 32 | 12 | 2 | 0 | 6 | 3 |

Table 9: (A4R) Households owed a Relief duty – Accommodation at time of presentation.

If we now look at the composition of each household at the point of presentation. Table 10a and 10b set out what how each household is made up for all households whether in the Prevention or Relief category.

In the Prevention table (10a) it can be observed that for every year, single adults (male and female) are the largest combined category. In 2023/24 this was 77 and 67 individuals, respectively. Single parents with dependent children are the next largest category, followed by couples with dependent children, then couples without children, then three adults with dependent children (multi-generational or adult children) and three adults without dependent children. However, it is worth noting that as a single category, female single parents with dependent children is consistently the largest single group across all sub-categories of household composition with an average 149 applications annually.

| | Total owed a prevention duty ¹ | | Single parent with dependent children | | | | | | Single adult | | | | | | Couple / Two adults with dependent children | | Couple / two adults without dependent children | | Three or more adults with dependent children | | Three or more adults without dependent children | | Not known ² | |
|----------------|---|------|---------------------------------------|----|------------|-----|-----------------------|----|--------------|-----|------------|-----|-----------------------|----|---|-----|--|-----|--|----|---|----|------------------------|----|
| | | | - Male | | Female | | Other / sex not known | | Male | | Female | | Other / sex not known | | | | | | | | | | | |
| 2023/24 | 314 | 100% | 10 | 3% | 77 | 25% | 0 | 0% | 77 | 25% | 67 | 21% | 0 | 0% | 43 | 14% | 28 | 9% | 7 | 2% | 5 | 2% | 0 | 0% |
| 2022/23 | 652 | 100% | 9 | 1% | 169 | 26% | 0 | 0% | 154 | 24% | 144 | 22% | 0 | 0% | 97 | 15% | 57 | 9% | 7 | 1% | 15 | 2% | 0 | 0% |
| 2021/22 | 599 | 100% | 10 | 2% | 163 | 27% | 0 | 0% | 152 | 25% | 127 | 21% | 0 | 0% | 75 | 13% | 58 | 10% | 6 | 1% | 8 | 1% | 0 | 0% |
| 2020/21 | 616 | 100% | 13 | 2% | 178 | 29% | 0 | 0% | 169 | 27% | 127 | 21% | 1 | 0% | 66 | 11% | 55 | 9% | 1 | 0% | 6 | 1% | 0 | 0% |
| 2019/20 | 508 | 100% | 17 | 3% | 135 | 27% | 0 | 0% | 136 | 27% | 99 | 19% | 0 | 0% | 41 | 8% | 58 | 11% | 6 | 1% | 16 | 3% | 0 | 0% |
| 2018/19 | 548 | 100% | 17 | 3% | 169 | 31% | 0 | 0% | 129 | 24% | 116 | 21% | 0 | 0% | 54 | 10% | 40 | 7% | 13 | 2% | 10 | 2% | 0 | 0% |
| Total | 3,237 | | 76 | | 891 | | 0 | | 817 | | 680 | | 1 | | 376 | | 296 | | 40 | | 60 | | 0 | |
| Average | 540 | | 13 | | 149 | | 0 | | 136 | | 113 | | 0 | | 63 | | 49 | | 7 | | 10 | | 0 | |
| % | | | 2 | | 28 | | 0 | | 25 | | 21 | | 0 | | 12 | | 9 | | 1 | | 2 | | 0 | |

Table 10a: (A5P) Number of Households owed a Prevention Duty by Household Composition.

In the Relief table (10b) it a similar pattern can be observed. Single males and females make up the largest grouping (367 individuals), followed by single females with dependent children, couples without dependent children, couples with dependent children and single males with dependent children.

| | Total owed a relief duty ¹ | | Single parent with dependent children | | | | | | Single adult | | | | | | Couple / two adults with dependent children | | Couple / two adults without dependent children | | Three or more adults with dependent children | | Three or more adults without dependent children | | Not known ² | |
|----------------|---------------------------------------|------|---------------------------------------|----|------------|-----|-----------------------|----|--------------|-----|------------|-----|-----------------------|----|---|----|--|----|--|----|---|----|------------------------|----|
| | | | Male | | Female | | Other / sex not known | | Male | | Female | | Other / sex not known | | | | | | | | | | | |
| 2023/24 | 444 | 100% | 10 | 2% | 63 | 14% | 0 | 0% | 214 | 48% | 103 | 23% | 0 | 0% | 23 | 5% | 23 | 5% | 3 | 1% | 5 | 1% | 0 | 0% |
| 2022/23 | 678 | 100% | 5 | 1% | 104 | 15% | 0 | 0% | 347 | 51% | 170 | 25% | 1 | 0% | 18 | 3% | 26 | 4% | 3 | 0% | 4 | 1% | 0 | 0% |
| 2021/22 | 559 | 100% | 12 | 2% | 90 | 16% | 0 | 0% | 274 | 49% | 137 | 25% | 0 | 0% | 17 | 3% | 24 | 4% | 2 | 0% | 3 | 1% | 0 | 0% |
| 2020/21 | 514 | 100% | 6 | 1% | 55 | 11% | 0 | 0% | 305 | 59% | 112 | 22% | 0 | 0% | 13 | 3% | 20 | 4% | 1 | 0% | 2 | 0% | 0 | 0% |
| 2019/20 | 431 | 100% | 9 | 2% | 57 | 13% | 0 | 0% | 227 | 53% | 102 | 24% | 0 | 0% | 11 | 3% | 20 | 5% | 3 | 1% | 2 | 0% | 0 | 0% |
| 2018/19 | 293 | 100% | 8 | 3% | 55 | 19% | 0 | 0% | 142 | 48% | 63 | 22% | 0 | 0% | 6 | 2% | 15 | 5% | 3 | 1% | 1 | 0% | 0 | 0% |
| Total | 2,919 | | 50 | | 424 | | 0 | | 1,509 | | 687 | | 1 | | 88 | | 128 | | 15 | | 17 | | 0 | |
| Average | 487 | | 8 | | 71 | | 0 | | 252 | | 115 | | 0 | | 15 | | 21 | | 3 | | 3 | | 0 | |
| % | | | 2 | | 15 | | 0 | | 52 | | 24 | | 0 | | 3 | | 4 | | 1 | | 1 | | 0 | |

Table 10b: (ASR) Number of Households owed a Relief Duty by Household Composition.

Table 11 looks at the category of the age of the main applicant as owed a prevention or relief duty at the time of the application (Tabulated data A6). The 25-34 age range is the largest, followed by 35-44, then 18-24, then 45-54, then 55-64, then 16-17. Over 65-year-olds accounted for about 5% of each annual totals.

| | Total owed a prevention or relief duty ¹ | | 16-17 | % | 18-24 | % | 25-34 | % | 35-44 | % | 45-54 | % | 55-64 | % | 65-74 | % | 75+ | % | Not known ² | % |
|----------------|---|------|-----------|----|--------------|-----|--------------|-----|--------------|-----|------------|-----|------------|-----|------------|----|-----------|----|------------------------|----|
| 2023/24 | 758 | 100% | 5 | 1% | 146 | 19% | 209 | 28% | 184 | 24% | 95 | 13% | 81 | 11% | 27 | 4% | 11 | 1% | 0 | 0% |
| 2022/23 | 1,330 | 100% | 13 | 1% | 268 | 20% | 372 | 28% | 326 | 25% | 162 | 12% | 127 | 10% | 44 | 3% | 18 | 1% | 0 | 0% |
| 2021/22 | 1,158 | 100% | 1 | 0% | 255 | 22% | 351 | 30% | 236 | 20% | 159 | 14% | 86 | 7% | 45 | 4% | 25 | 2% | 0 | 0% |
| 2020/21 | 1,130 | 100% | 0 | 0% | 284 | 25% | 365 | 32% | 231 | 20% | 127 | 11% | 72 | 6% | 36 | 3% | 15 | 1% | 0 | 0% |
| 2019/20 | 939 | 100% | 1 | 0% | 230 | 24% | 256 | 27% | 204 | 22% | 139 | 15% | 68 | 7% | 35 | 4% | 6 | 1% | 0 | 0% |
| 2018/19 | 841 | 100% | 0 | 0% | 224 | 27% | 244 | 29% | 163 | 19% | 135 | 16% | 47 | 6% | 20 | 2% | 8 | 1% | 0 | 0% |
| Total | 6,156 | | 20 | | 1,407 | | 1,797 | | 1,344 | | 817 | | 481 | | 207 | | 83 | | 0 | |
| Average | 1,026 | | 3 | | 235 | | 300 | | 224 | | 136 | | 80 | | 35 | | 14 | | 0 | |
| % | | | 0 | | 23 | | 29 | | 22 | | 13 | | 8 | | 3 | | 1 | | 0 | |

Table 11: (A6) Age of main applicants as owed a Prevention OR Relief Duty at time of Application.

Table 12 (Tabulated data A7) refers to the Duty to refer Requirement and referrals received by housing solutions via this medium. The table has not been included in the main report but can be found at Appendix 'E.' It is worth noting that whilst overall numbers of referrals are low (average forty-eight per year), the main referrals come from Probation Service, Job Centre Plus and hospitals (Medical and Mental Illness).

Table's 13a, 13b, 13c and 13d (Tabulated data A8) relates to the ethnicity of the main applicant making an application for housing support. Tabulated Delta data table 8 is one sheet, but for ease of display in this format the categories are collated as White, Black / African / Caribbean / Black British, Asian / Asian British, and Other ethnic group. It can be observed that White is consistently the highest category in Herefordshire with an average of 95% of all applications for housing support. The other ethnic groups are evenly split amongst the other 5%,

| | | | White | | | | | | | | | |
|---------|---|------|-------|-----|--|-----|--------------|----|---------------------------------|----|------------------------------|-----|
| | Total owed a prevention or relief duty ¹ | | Total | | White: English / Welsh / Scottish / Northern Irish / British | | White: Irish | | White: Gypsy or Irish Traveller | | Any other White ethnic group | |
| 2023/24 | 758 | 100% | 717 | 95% | 626 | 83% | 2 | 0% | 4 | 1% | 85 | 11% |

| | | | | | | | | | | | | |
|----------------|--------------|------|--------------|-----|--------------|-----|-----------|----|-----------|----|------------|-----|
| 2022/23 | 1,330 | 100% | 1,280 | 96% | 1,123 | 84% | 3 | 0% | 4 | 0% | 150 | 11% |
| 2021/22 | 1,158 | 100% | 1,111 | 96% | 1,002 | 87% | 2 | 0% | 7 | 1% | 100 | 9% |
| 2020/21 | 1,130 | 100% | 985 | 87% | 876 | 78% | 9 | 1% | 8 | 1% | 92 | 8% |
| 2019/20 | 939 | 100% | 901 | 96% | 822 | 88% | 3 | 0% | 1 | 0% | 75 | 8% |
| 2018/19 | 841 | 100% | 811 | 96% | 736 | 88% | 1 | 0% | 7 | 1% | 74 | 9% |
| Total | 6,156 | | 5,805 | | 5,185 | | 20 | | 31 | | 576 | |
| Average | 1,026 | | 968 | | 864 | | 3 | | 5 | | 96 | |
| % | | | 94 | | 84 | | 0 | | 1 | | 9 | |

Table 13a: (A8) Households owed a Prevention or Relief Duty by Ethnicity - White.

| | | Black / African / Caribbean / Black British | | | | | | | | | |
|----------------|--------------|---|-----------|-------|-----------|--|----------|--|----------|--|--|
| | | Total owed a prevention or relief duty ¹ | | Total | | Black / African / Caribbean / Black British: African | | Black / African / Caribbean / Black British: Caribbean | | Any other Black / African / Caribbean background | |
| 2023/24 | 758 | 100% | 9 | 1% | 7 | 1% | 0 | 0% | 2 | 0% | |
| 2022/23 | 1,330 | 100% | 11 | 1% | 9 | 1% | 0 | 0% | 2 | 0% | |
| 2021/22 | 1,158 | 100% | 3 | 0% | 3 | 0% | 0 | 0% | 0 | 0% | |
| 2020/21 | 1,130 | 100% | 5 | 0% | 4 | 0% | 1 | 0% | 0 | 0% | |
| 2019/20 | 939 | 100% | 4 | 0% | 1 | 0% | 0 | 0% | 3 | 0% | |
| 2018/19 | 841 | 100% | 4 | 0% | 4 | 0% | 0 | 0% | 0 | 0% | |
| Total | 6,156 | | 36 | | 28 | | 1 | | 7 | | |
| Average | 1,026 | | 6 | | 5 | | 0 | | 1 | | |
| % | | | 1 | | 0 | | 0 | | 0 | | |

Table 13b: (A8) Households owed a Prevention or Relief Duty by Ethnicity - Black / African / Caribbean / Black British.

| | | Asian / Asian British | | | | | | | | | | | | | |
|---------|-------|---|---|-------|---|----------------------------------|---|-------------------------------|---|------------------------------------|---|--------------------------------|---|----------------------------|--|
| | | Total owed a prevention or relief duty ¹ | | Total | | Asian / Asian British: Pakistani | | Asian / Asian British: Indian | | Asian / Asian British: Bangladeshi | | Asian / Asian British: Chinese | | Any other Asian background | |
| 2023/24 | 758 | 100% | 9 | 1% | 0 | 0% | 4 | 1% | 1 | 0% | 2 | 0% | 2 | 0% | |
| 2022/23 | 1,330 | 100% | 4 | 0% | 1 | 0% | 2 | 0% | 0 | 0% | 0 | 0% | 1 | 0% | |

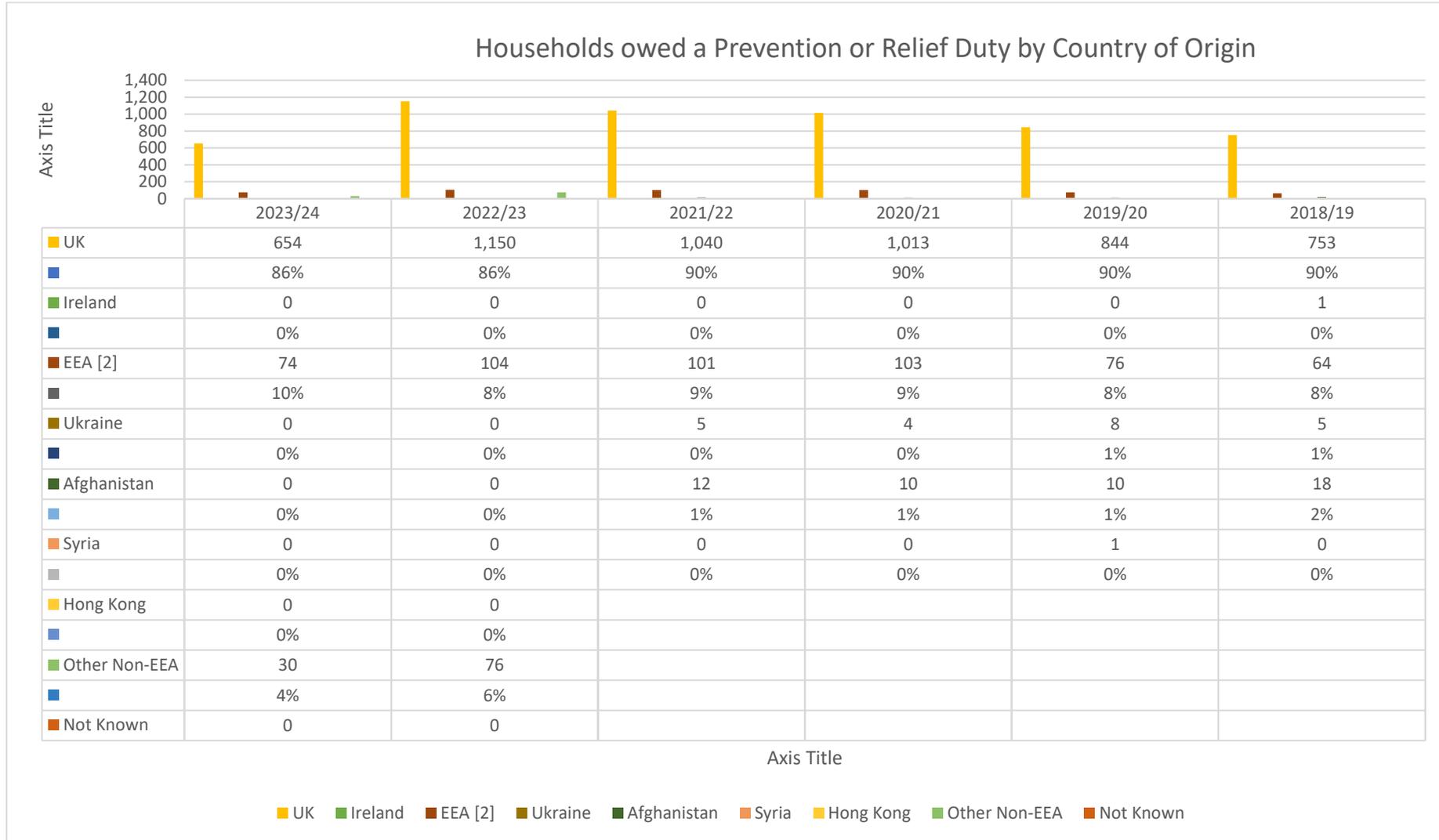
| | | | | | | | | | | | | | | |
|---------|-------|------|----|----|---|----|----|----|---|----|---|----|----|----|
| 2021/22 | 1,158 | 100% | 11 | 1% | 1 | 0% | 5 | 0% | 2 | 0% | 0 | 0% | 3 | 0% |
| 2020/21 | 1,130 | 100% | 4 | 0% | 0 | 0% | 2 | 0% | 0 | 0% | 0 | 0% | 2 | 0% |
| 2019/20 | 939 | 100% | 10 | 1% | 2 | 0% | 2 | 0% | 1 | 0% | 2 | 0% | 3 | 0% |
| 2018/19 | 841 | 100% | 7 | 1% | 0 | 0% | 3 | 0% | 0 | 0% | 1 | 0% | 3 | 0% |
| Total | 6,156 | | 45 | | 4 | | 18 | | 4 | | 5 | | 14 | |
| Average | 1,026 | | 8 | | 1 | | 3 | | 1 | | 1 | | 2 | |
| % | | | 1 | | 0 | | 0 | | 0 | | 0 | | 0 | |

Table 13c: (A8) Households owed a Prevention or Relief Duty by Ethnicity - Asian / Asian British.

| | Total owed a prevention or relief duty ¹ | | Total | | Other ethnic group | | | | | | | | | | | | | | | |
|---------|---|------|-------|----|---|----|---|----|---|----|--|----|-------|----|--------------------------|----|------------------------|----|------------------------|-----|
| | | | | | Mixed / Multiple ethnic groups: White and Black Caribbean | | Mixed / Multiple ethnic groups: White and Black African | | Mixed / Multiple ethnic groups: White and Asian | | Any other Mixed / Multiple ethnic background | | Total | | Other ethnic group: Arab | | Any other ethnic group | | Not known ² | |
| 2023/24 | 758 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 5 | 1% | 2 | 0% | 3 | 0% | 18 | 2% |
| 2022/23 | 1,330 | 100% | 6 | 0% | 1 | 0% | 1 | 0% | 3 | 0% | 1 | 0% | 9 | 1% | 1 | 0% | 8 | 1% | 20 | 2% |
| 2021/22 | 1,158 | 100% | 4 | 0% | 0 | 0% | 2 | 0% | 1 | 0% | 1 | 0% | 4 | 0% | 3 | 0% | 1 | 0% | 25 | 2% |
| 2020/21 | 1,130 | 100% | 5 | 0% | 1 | 0% | 3 | 0% | 1 | 0% | 0 | 0% | 7 | 1% | 2 | 0% | 5 | 0% | 124 | 11% |
| 2019/20 | 939 | 100% | 3 | 0% | 3 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 7 | 1% | 1 | 0% | 6 | 1% | 14 | 1% |
| 2018/19 | 841 | 100% | 3 | 0% | 2 | 0% | 0 | 0% | 0 | 0% | 1 | 0% | 6 | 1% | 5 | 1% | 1 | 0% | 3 | 0% |
| Total | 6,156 | | 21 | | 7 | | 6 | | 5 | | 3 | | 38 | | 14 | | 24 | | 204 | |
| Average | 1,026 | | 4 | | 1 | | 1 | | 1 | | 1 | | 6 | | 2 | | 4 | | 34 | |
| % | | | 0 | | 0 | | 0 | | 0 | | 0 | | 1 | | 0 | | 0 | | 3 | |

Table 13d: (A8) Households owed a Prevention or Relief Duty by Ethnicity - Other ethnic group.

Table 14 (Delta Tabulation A9) sets out the position by nationality of applicant. This is consistently UK nationals have the highest category, followed by EEA Area nationals and then non-EEA area nationals. It can be observed that since 2018 there has been small numbers of Syrian, Afghan and Ukrainian nationals also making applications.



Graph 14: (A9) Households owed a Prevention or Relief Duty by Country of Origin

| | Total owed a prevention or relief duty ¹ | Full-time work | Part-time work | Student / training | Registered unemployed | Not registered but seeking work | Not seeking work / at home | Not working due to long-term illness / disability | Retired | Registered employed off work | | | Working irregular hours ⁵ | Other | Not known ² |
|----------------|---|----------------|----------------|--------------------|-----------------------|---------------------------------|----------------------------|---|------------|------------------------------------|--|--|--------------------------------------|------------|------------------------|
| | | | | | | | | | | Total Registered employed off work | Of which : due to ill health / disability ³ | on maternity/paternity / adoption leave ⁴ | | | |
| 2023/24 | 758 | 132 | 61 | 4 | 277 | 31 | 19 | 59 | 23 | 35 | 24 | 11 | 28 | 46 | 43 |
| 2022/23 | 1,330 | 271 | 129 | 11 | 571 | 50 | 21 | 96 | 49 | 0 | 0 | 0 | 0 | 105 | 27 |
| 2021/22 | 1,158 | 203 | 149 | 8 | 438 | 32 | 35 | 97 | 65 | * | * | * | * | 48 | 83 |
| 2020/21 | 1,130 | 195 | 134 | 7 | 462 | 32 | 36 | 92 | 37 | * | * | * | * | 15 | 120 |
| 2019/20 | 939 | 186 | 120 | 9 | 318 | 43 | 33 | 122 | 39 | * | * | * | * | 26 | 43 |
| 2018/19 | 841 | 165 | 144 | 5 | 172 | 57 | 90 | 128 | 27 | * | * | * | * | 18 | 35 |
| Total | 6,156 | 1,152 | 737 | 44 | 2,238 | 245 | 234 | 594 | 240 | 35 | 24 | 59 | 28 | 258 | 351 |
| Average | 1,026 | 192 | 123 | 7 | 373 | 41 | 39 | 99 | 40 | 6 | 4 | 10 | 5 | 43 | 59 |
| % | | 19 | 12 | 1 | 36 | 4 | 4 | 10 | 4 | 1 | 0 | 1 | 0 | 4 | 6 |

Table 15: (A10) Households owed a Prevention or Relief Duty by Employment Status.

* not collected as a data set that year – started in 2022/23

Table 15 (Tabulated Data Sheet A10) sets out the employment status of households presenting for housing support, both for prevention and relief duty. It can be observed that unemployed is the largest group each year. Also of note is the number of applicants each year actually in employment, either full or part-time or irregular hours. This group collectively make up the second largest group.

| | Total owed a prevention or relief duty ¹ | British or Irish citizen, or habitually resident | EEA citizen | | | | | | Non-UK / -EEA citizen | | | | | | Not known ² |
|----------------|---|--|-------------|------------|---------------------------|------------------------|---------------|-----------|-----------------------|----------------------------|-------------------------|------------------------|-----------------------------|---|------------------------|
| | | | Total EEA | Worker | Permanent right to reside | Eligible family member | Self-employed | Other | Total non-UK / -EEA | Indefinite Leave to Remain | Limited Leave to Remain | Granted refugee status | Exceptional Leave to Remain | Other protection (e.g. humanitarian, discretionary) | |
| 2023/24 | 758 | 658 | 36 | 8 | 23 | 0 | 1 | 4 | 64 | 33 | 7 | 2 | 2 | 20 | 0 |
| 2022/23 | 1,330 | 1,157 | 61 | 29 | 30 | 0 | 1 | 1 | 112 | 31 | 10 | 5 | 2 | 64 | 0 |
| 2021/22 | 1,158 | 1,043 | 79 | 35 | 27 | 4 | 1 | 12 | 36 | 24 | 8 | 1 | 0 | 3 | 0 |
| 2020/21 | 1,130 | 1,019 | 82 | 41 | 17 | 12 | 3 | 9 | 23 | 14 | 6 | 1 | 1 | 1 | 6 |
| 2019/20 | 939 | 846 | 74 | 39 | 23 | 5 | 1 | 6 | 16 | 11 | 3 | 1 | 0 | 1 | 3 |
| 2018/19 | 841 | 753 | 67 | 36 | 19 | 7 | 1 | 4 | 17 | 9 | 0 | 6 | 1 | 1 | 4 |
| Total | 6,156 | 5,476 | 399 | 188 | 139 | 28 | 8 | 36 | 268 | 122 | 34 | 16 | 6 | 90 | 13 |
| Average | 1,026 | 913 | 67 | 31 | 23 | 5 | 1 | 6 | 45 | 20 | 6 | 3 | 1 | 15 | 2 |
| % | | 89 | 6 | 3 | 2 | 0 | 0 | 1 | 4 | 2 | 1 | 0 | 0 | 1 | 0 |

Table16: (A11) Households owed a Prevention or Relief Duty by Eligibility for Homelessness Assistance.

Table 16 (Tabulated data table A11) represents the numbers of households that are eligible for homelessness assistance. It can be observed that an average of 89% of all applicants, over these years were UK residents and naturally they automatically qualify for assistance. In addition, 6% of applicants were eligible by virtue of being EEA residents with pre-settle status. A further 4% were eligible due to being granted one of the various permissions / rights to stay in the UK.

Tabulated data table A12 reflects how the lead applicant in each household expresses their sexual identity. The data can be found at the DELTA tables website.¹⁷⁶

Prevention Activity Outcomes

Tables 17 to 21 onwards offers insights into the outcome of the interventions to Prevent Homelessness. This is potentially helpful to us in determining which interventions at this stage of a household's application for support will work or are cost effective. Table 17 specifically explores the tabulated data sheet P1 and the number of households whose prevention duty has ended and the reason it ended.

Over the six-year period 2018 – 2024, there were an average of 518 households per year owed a prevention duty. Of these an average of 141 households (36%) were supported to move to secure accommodation with at least a six-month lease. (PRS and Social Sector). 46 Households (9%) were supported to stay in their existing accommodation after negotiation with their landlord or lender for at least the following six months. An average of two households per year failed or refuse to cooperate with Housing Support Services. An average of two per year withdrew their request for support, an average of four per year were no longer eligible because their circumstances had changed. Average of 10 (2%) per year had no further action taken after 56 days had elapsed. Over the period, an average 107 (21%) households lost contact with Housing Support Services. Finally, an average of 196 (38%) households, despite support and interventions, still were made homeless and required their homelessness to be relieved.

It is worth mentioning that an average of 107 households lose contact with housing services after an application has been made. This requires exploration. Contact numbers and emails are taken at the time of an application for housing support being made. Housing officers make contact to try and progress the application, secure additional documents to support the application, but sometime applicants do not respond at all or break off contact and do not respond further. It is important that all attempts continue until it is confirmed that an applicant either withdraws the application or confirms they have made their own arrangements to be housed. **(Recommendation 41)**

¹⁷⁶ [Tables on homelessness - GOV.UK](https://www.gov.uk/government/tables/homelessness-tables)

| | Total number of households whose prevention duty ended ^{1,2} | Secured accommodation for 6+ months | | | Homeless (including intentionally homeless) ³ | Refused suitable accommodation offer | Refused to cooperate | Contact lost | Total withdrawn / deceased | 56 days elapsed and no further action | No longer eligible | Not known ⁴ |
|-------------------|---|-------------------------------------|----------------------------------|------------------------------------|--|--------------------------------------|----------------------|--------------|----------------------------|---------------------------------------|--------------------|------------------------|
| | | Total secured accommodation | Stayed in existing accommodation | Moved to alternative accommodation | | | | | | | | |
| 2023/24 | 438 | 124 | 45 | 79 | 166 | 1 | 1 | 120 | 13 | 11 | 2 | 0 |
| 2022/23 | 653 | 165 | 64 | 101 | 356 | 0 | 0 | 113 | 19 | 0 | 0 | 0 |
| 2021/22 | 634 | 202 | 56 | 146 | 256 | 0 | 1 | 160 | 10 | 3 | 2 | 0 |
| 2020/21 | 527 | 214 | 54 | 160 | 183 | 0 | 2 | 95 | 15 | 8 | 10 | 0 |
| 2019/20 | 464 | 279 | 33 | 246 | 74 | 0 | 3 | 74 | 8 | 20 | 6 | 0 |
| 2018/19 | 393 | 138 | 24 | 114 | 141 | 0 | 2 | 82 | 10 | 15 | 5 | 0 |
| Totals | 3,109 | 1,122 | 276 | 846 | 1,176 | 1 | 9 | 644 | 75 | 57 | 25 | 0 |
| Averages | 518 | 187 | 46 | 141 | 196 | 0 | 2 | 107 | 13 | 10 | 4 | 0 |
| Percentage | | 36 | 9 | 27 | 38 | 0 | 0 | 21 | 2 | 2 | 1 | 0 |

Table 17: (P1) Number of Households Whose Prevention Duty Ended by Reason for Duty End.

Table 18 sets out the tabulated data sheet P2 The average number of households over the five-year period is 187 per year. On average 61% of households were in Social Rented Sector housing when the Prevention duty ceased, 26% in the Private Rental Sector, 7% stayed with Family, 2% with friends, 2% remained as owner / occupiers, finally 2% were unknown. Whilst no data is available for the 2024/25 year, the expectation is that the numbers of Private Rental Sector outcomes will reduce further due to structural changes in this sector and the impact of the Renters Reform Bill as it passes into law.

| | Total number of households whose prevention duty ended with accommodation secured ¹ | Private rented sector | | | | Social rented sector | | | | Staying with family | Staying with friends | Owner-occupier | Other | Not known ² |
|----------------|--|-----------------------|--------------------------|------------------------------------|--------------------------------------|----------------------|---------------------------|-----------------------------|-----------------------------|---------------------|----------------------|----------------|-----------|------------------------|
| | | Total PRS | Of which: Self-contained | House in multiple occupation (HMO) | Lodging (not with family or friends) | Total SR S | Of which: Council tenancy | Registered Provider tenancy | Supported housing or hostel | | | | | |
| 2023/24 | 124 | 55 | 50 | 4 | 1 | 45 | 4 | 39 | 2 | 12 | 3 | 5 | 4 | 0 |
| 2022/23 | 165 | 62 | 59 | 2 | 1 | 70 | 2 | 59 | 9 | 14 | 9 | 5 | 5 | 0 |
| 2021/22 | 202 | 49 | 42 | 4 | 3 | 129 | 1 | 119 | 9 | 13 | 4 | 4 | 3 | 0 |
| 2020/21 | 214 | 44 | 38 | 6 | 0 | 131 | 1 | 116 | 14 | 26 | 4 | 2 | 6 | 1 |
| 2019/20 | 279 | 45 | 40 | 1 | 4 | 216 | 0 | 197 | 19 | 7 | 1 | 2 | 6 | 2 |
| 2018/19 | 138 | 42 | 39 | 2 | 1 | 89 | 0 | 78 | 11 | 3 | 0 | 1 | 2 | 1 |
| Total | 1,122 | 297 | 268 | 19 | 10 | 680 | 8 | 608 | 64 | 75 | 21 | 19 | 26 | 4 |
| Average | 187 | 50 | 45 | 3 | 2 | 113 | 1 | 101 | 11 | 13 | 4 | 3 | 4 | 1 |
| % | | 26 | 24 | 2 | 1 | 61 | 1 | 54 | 6 | 7 | 2 | 2 | 2 | 0 |

Table 18: (P2) Number of Households Whose Prevention Duty Ended by Type of Accommodation Secured.

Tabulated table P3 (Table 19) sets out the activities used by Housing Services to support families and prevent their homelessness occurring. These include payments to landlords and families, advice and support and negotiations with parties. It can be observed that an average of 187 households has their

homelessness directly prevented by these interventions each year. An average of 118 households is directly supported by Herefordshire Council to secure accommodation, an average of 18 households each year are support financially by Herefordshire Council to fund the accommodation they have found (this can be by a direct payment to, acting as a guarantor, paying a deposit etc.) It should be noted that the numbers of households supported by this method has reduced since the CV-19 pandemic. This needs exploring further, as for a relatively small amount of expenditure, accommodation could be secured for a household, that would mitigate the need for expensive B&B accommodation to be sourced as Temporary Accommodation. **(Recommendation 20)** A further seventeen households are on average supported by Herefordshire Council by other means to secure accommodation they have found – this can be with a letter of support or guarantee etc. In addition, it can be observed that a range of other options are utilised to support households to continue with existing accommodation through the provision of supported housing, advocacy to prevent eviction, maintain a tenancy, secure or return to work or in direct financial payments to a lender or landlord. Again, this option should be explored to see if greater use could be made of budgets to prevent the threatened homelessness actually progressing to homelessness.

| | Total number of households where prevention duty ended with accommodation secured ¹ | Accommodation secured by local authority or organisation delivering housing options service | Helped to secure accommodation found by applicant, with financial payment | Helped to secure accommodation found by applicant, without financial payment | Supported housing provided | Negotiation / mediation on work to secure return to family or friend | Negotiation / mediation / advocacy work to prevent eviction / repossession | Discretionary Housing Payment to reduce shortfall | Other financial payments (e.g. to reduce arrears) ³ | Other ² | No activity – advice and information provided |
|----------------|--|---|---|--|----------------------------|--|--|---|--|--------------------|---|
| 2023/24 | 124 | 43 | 4 | 14 | 0 | 5 | 8 | 0 | 2 | 16 | 32 |
| 2022/23 | 165 | 96 | 4 | 16 | 1 | 4 | 5 | 1 | 1 | 10 | 27 |
| 2021/22 | 202 | 134 | 5 | 22 | 3 | 8 | 4 | 0 | 1 | 21 | 4 |
| 2020/21 | 214 | 125 | 18 | 19 | 7 | 13 | 5 | 0 | 0 | 20 | 7 |
| 2019/20 | 279 | 171 | 14 | 20 | 4 | 2 | 13 | 0 | 2 | 9 | 44 |
| 2018/19 | 138 | 138 | 63 | 9 | 10 | 4 | 1 | 12 | 0 | 4 | 9 |
| Total | 1,122 | 707 | 108 | 100 | 25 | 36 | 36 | 13 | 6 | 80 | 123 |
| Average | 187 | 118 | 18 | 17 | 4 | 6 | 6 | 2 | 1 | 13 | 21 |
| % | | 63 | 10 | 9 | 2 | 3 | 3 | 1 | 1 | 7 | 11 |

Table 19: (P3) Main Prevention Activity that resulted in accommodation secured for households at end of prevention duty by Local Authority.

Table 20 (tabulated data table P4) sets out the local authority that alternative accommodation is secured in for households with a housing duty is owed, at the end of the prevention period. It can be observed that in 95% of cases Herefordshire Council is the authority in which households are accommodated. The other 5% are accommodated in another local authority area after negotiations with households and those areas. Herefordshire council also accepted an average of eight households from other areas. Although it can be noted that this number reduced year on year during this period.

| | Total with alternative accommodation secured at end of prevention duty ¹ | <i>Of which accommodated in:</i> | | | | Total accommodated from other local authorities ⁴ |
|----------------|---|----------------------------------|--------------------------------------|-----------------------------|------------------------------------|--|
| | | Same local authority | Another local authority, same region | Another region ² | Destination not known ³ | |
| 2023/24 | 79 | 77 | 0 | 1 | 1 | 2 |
| 2022/23 | 101 | 94 | 5 | 2 | 0 | 7 |
| 2021/22 | 146 | 139 | 2 | 5 | 0 | 5 |
| 2020/21 | 160 | 156 | 1 | 2 | 1 | 11 |
| 2019/20 | 246 | 231 | 1 | 6 | 8 | 11 |
| 2018/19 | 114 | 103 | 1 | 5 | 5 | 12 |
| Total | 846 | 800 | 10 | 21 | 15 | 48 |
| Average | 141 | 133 | 2 | 4 | 3 | 8 |
| % | | 95 | 1 | 2 | 2 | |

Table 20: (P4) Destination of Households with Alternative Accommodation Secured at end of Prevention Duty.

Table 21 (tabulated data set P5) sets out the makeup of households when the prevention duty ends. Of the average 187 households whose prevention duty ends, 42% are either single male (20%) or single female (22%) (which represent the largest group of homeless individuals). 58% of households accommodated are families with children (all categories).

| | Total with accommodation secured at end of prevention duty ¹ | | Single parent with dependent children | | | | | | Single adult | | | | | | Couple / two adults with dependent children | | Couple / two adults without dependent children | | Three or more adults with dependent children | | Three or more adults without dependent children | | Not known ² | |
|----------------|---|------|---------------------------------------|--------|--------------------------|-----|----------|--------|--------------------------|-----|-----------|-----|----------|----|---|-----|--|-----|--|----|---|----|------------------------|----|
| | | | Male | Female | Other / gender not known | | Male | Female | Other / gender not known | | | | | | | | | | | | | | | |
| 2023/24 | 124 | 100% | 3 | 2% | 25 | 20% | 0 | 0% | 20 | 16% | 30 | 24% | 0 | 0% | 22 | 18% | 16 | 13% | 4 | 3% | 4 | 3% | 0 | 0% |
| 2022/23 | 165 | 100% | 2 | 1% | 39 | 24% | 0 | 0% | 44 | 27% | 35 | 21% | 0 | 0% | 26 | 16% | 14 | 8% | 3 | 2% | 2 | 1% | 0 | 0% |
| 2021/22 | 202 | 100% | 2 | 1% | 46 | 23% | 0 | 0% | 45 | 22% | 43 | 21% | 1 | 0% | 33 | 16% | 22 | 11% | 4 | 2% | 6 | 3% | 0 | 0% |
| 2020/21 | 214 | 100% | 2 | 1% | 70 | 33% | 0 | 0% | 52 | 24% | 47 | 22% | 0 | 0% | 22 | 10% | 16 | 7% | 2 | 1% | 3 | 1% | 0 | 0% |
| 2019/20 | 279 | 100% | 1 | 4% | 92 | 33% | 0 | 0% | 56 | 20% | 47 | 17% | 0 | 0% | 26 | 9% | 27 | 10% | 4 | 1% | 15 | 5% | 0 | 0% |
| 2018/19 | 138 | 100% | 3 | 2% | 39 | 28% | 0 | 0% | 32 | 23% | 28 | 20% | 0 | 0% | 16 | 12% | 13 | 9% | 6 | 4% | 1 | 1% | 0 | 0% |
| Total | 1,122 | | 2 | | 31 | | 0 | | 24 | | 23 | | 1 | | 14 | | 10 | | 23 | | 31 | | 0 | |
| Average | 187 | | 4 | | 52 | | 0 | | 42 | | 38 | | 0 | | 24 | | 18 | | 4 | | 5 | | 0 | |
| % | | | 2 | | 28 | | 0 | | 22 | | 20 | | 0 | | 13 | | 10 | | 2 | | 3 | | 0 | |

Table 21: (P5) Household Type of household with accommodation Secured at end of Prevention Duty.

Table 22 is the tabulated data sheet P5 which sets out and explains the reasons why the relief duty ended for each household. It is worth noting that an average of 44% of all applicants whose Relief duty ended was because they were supported to secure or secured for themselves accommodation for at least six months. A further 26% on average did not have the threat to their housing removed at the end of 56 days and were moved to the main 'Prevention' duty. Also worthy of note is that an average of 29% lost contact with Housing Solutions Services during this 56-day period and their application was closed. **(Recommendation 41)**

| | Total number of households whose relief duty ended ^{1,2} | Secured accommodation for 6+ months | 56 days elapsed ³ | Local connection referral accepted by other LA | Intentionally homeless from accommodation provided | Refused final accommodation | Notice served due to refusal to cooperate | Contact lost | Total withdrawn / deceased | No longer eligible | Not known ⁴ |
|----------------|---|-------------------------------------|------------------------------|--|--|-----------------------------|---|--------------|----------------------------|--------------------|------------------------|
| 2023/24 | 827 | 190 | 327 | 4 | 0 | 1 | 0 | 239 | 58 | 8 | 0 |
| 2022/23 | 351 | 362 | 4 | 1 | 0 | 0 | 0 | 177 | 41 | 21 | 0 |
| 2021/22 | 808 | 295 | 258 | 3 | 3 | 0 | 0 | 191 | 46 | 12 | 0 |
| 2020/21 | 589 | 252 | 142 | 0 | 1 | 0 | 0 | 149 | 34 | 11 | 0 |
| 2019/20 | 462 | 253 | 67 | 2 | 2 | 0 | 0 | 118 | 15 | 5 | 0 |
| 2018/19 | 280 | 123 | 60 | 0 | 3 | 0 | 0 | 78 | 12 | 4 | 0 |
| Total | 3,317 | 1,475 | 858 | 10 | 9 | 1 | 0 | 952 | 206 | 61 | 0 |
| Average | 553 | 246 | 143 | 2 | 2 | 0 | 0 | 159 | 34 | 10 | 0 |
| % | | 44 | 26 | 0 | 0 | 0 | 0 | 29 | 6 | 2 | 0 |

Table 22: (R1) Number of Households whose Relief Duty ended by reason for duty end.

Table 23 sets out the type of accommodation secured in order to end the Relief duty. It can be observed that 59% of accommodation comes from the Social Rented Sector, 23% from the Private Rented Sector, 15% stayed with family or friends.

| | Total number of households whose relief duty ended with accommodation secured ¹ | Private rented sector | | | | Social rented sector | | | | Staying with family | Staying with friends | Owner-occupied | Other | Not known ² |
|----------------|--|-----------------------|--------------------------|-----------|--------------------------------------|----------------------|---------------------------|-----------------------------|-----------------------------|---------------------|----------------------|----------------|-----------|------------------------|
| | | Total PRS | Of which: Self-contained | HMO | Lodging (not with family or friends) | Total SRS | Of which: Council tenancy | Registered Provider tenancy | Supported housing or hostel | | | | | |
| 2023/24 | 190 | 45 | 40 | 5 | 0 | 117 | 2 | 90 | 25 | 16 | 2 | 2 | 7 | 1 |
| 2022/23 | 351 | 76 | 57 | 16 | 3 | 186 | 1 | 118 | 67 | 47 | 24 | 2 | 15 | 1 |
| 2021/22 | 295 | 56 | 40 | 12 | 4 | 183 | 1 | 134 | 48 | 38 | 15 | 1 | 1 | 1 |
| 2020/21 | 252 | 70 | 58 | 8 | 4 | 124 | 0 | 87 | 37 | 27 | 25 | 1 | 4 | 1 |
| 2019/20 | 253 | 67 | 42 | 21 | 4 | 164 | 2 | 127 | 35 | 10 | 1 | 2 | 7 | 2 |
| 2018/19 | 123 | 18 | 14 | 4 | 0 | 89 | 0 | 62 | 27 | 3 | 0 | 0 | 1 | 12 |
| Total | 1,464 | 332 | 251 | 66 | 15 | 863 | 6 | 618 | 239 | 141 | 67 | 8 | 35 | 18 |
| Average | 244 | 55 | 42 | 11 | 3 | 144 | 1 | 103 | 40 | 24 | 11 | 1 | 6 | 3 |
| % | | 23 | 17 | 5 | 1 | 59 | 0 | 42 | 16 | 10 | 5 | 1 | 2 | 1 |

Table 23: (R2) Number of Households whose Relief Duty ended by accommodation secured.

Table 24 sets out the main activity that secured the accommodation set out in table 23. In 57% of cases the accommodation was secured following support from Herefordshire Council Housing Solutions Team through the 'Homepoint' choice based letting service. 7% were assisted to secure the accommodation with financial support from Herefordshire Council (rent in advance, bond, guarantee), 9% assisted through negotiation with a landlord without financial assistance and 8% moved to supported housing to meet a support need. 14% were assisted to secure accommodation through another activity – this could be through family or friends or finding it themselves.

| | Total number of households where relief duty ended with accommodation secured^{1,2} | Accommodation secured by local authority or organisation delivering housing options service | Helped to secure accommodation found by applicant, with financial payment | Helped to secure accommodation found by applicant, without financial payment | Supported housing provided | Other activity through which accommodation secured³ | No activity |
|----------------|--|--|--|---|-----------------------------------|---|--------------------|
| 2023/24 | 190 | 116 | 8 | 18 | 12 | 22 | 14 |
| 2022/23 | 351 | 216 | 9 | 37 | 23 | 49 | 17 |
| 2021/22 | 295 | 183 | 20 | 18 | 23 | 49 | 2 |
| 2020/21 | 252 | 136 | 22 | 29 | 18 | 44 | 3 |
| 2019/20 | 253 | 114 | 27 | 33 | 27 | 29 | 23 |
| 2018/19 | 123 | 70 | 10 | 4 | 13 | 9 | 17 |
| Total | 1,464 | 835 | 96 | 139 | 116 | 202 | 76 |
| Average | 244 | 139 | 16 | 23 | 19 | 34 | 13 |
| % | | 57 | 7 | 9 | 8 | 14 | 5 |

Table 24: (R3) Main relief activity that resulted in accommodation secured for households at end of relief duty by local authority.

Table 25 sets out the location in which the accommodation was provided. 88% came from within Herefordshire. It is worth noting that Herefordshire also provided accommodation for an average nineteen households referred from other local authorities in the UK.

| | Total with accommodation secured at end of relief duty ¹ | <i>Of which accommodated in:</i> | | | | Total accommodated from other local authorities ⁴ |
|----------------|---|----------------------------------|--------------------------------------|-----------------------------|------------------------------------|--|
| | | Same local authority | Another local authority, same region | Another region ² | Destination not known ³ | |
| 2023/24 | 190 | 171 | 2 | 6 | 11 | 19 |
| 2022/23 | 351 | 308 | 12 | 17 | 14 | 43 |
| 2021/22 | 295 | 245 | 18 | 18 | 14 | 15 |
| 2020/21 | 252 | 229 | 9 | 6 | 8 | 17 |
| 2019/20 | 253 | 235 | 5 | 4 | 9 | 10 |
| 2018/19 | 123 | 104 | 2 | 1 | 16 | 7 |
| Total | 1,464 | 1,292 | 48 | 52 | 72 | 111 |
| Average | 244 | 215 | 8 | 9 | 12 | 19 |
| % | | 88 | 3 | 4 | 5 | |

Table 25: (R4) Destination of households with accommodation secured at end of relief duty.

Table 26 explains the household composition at the time the main Relief duty ends. 32% are family units, 21% single females, but the largest group at 47% is single males.

| | Total with accommodation secured at end of relief duty ¹ | | Single parent with dependent children | | | | | | Single adult | | | | | | Couple / two adults with dependent children | | Couple / two adults without dependent children | | Three or more adults with dependent children | | Three or more adults without dependent children | | Not known ² | |
|----------------|---|------|---------------------------------------|--------|--------------------------|------|----------|--------------------------|--------------|--------|--------------------------|----|----------|----|---|-----|--|-----|--|----|---|----|------------------------|----|
| | | | Male | Female | Other / gender not known | Male | Female | Other / gender not known | Male | Female | Other / gender not known | | | | | | | | | | | | | |
| 2023/24 | 190 | 100% | 1 | 1% | 27 | 14% | 0 | 0% | 88 | 46% | 4 | 2% | 0 | 0% | 19 | 10% | 9 | 5% | 2 | 1% | 3 | 2% | 0 | 0% |
| 2022/23 | 351 | 100% | 3 | 1% | 41 | 12% | 0 | 0% | 181 | 52% | 7 | 2% | 1 | 0% | 21 | 6% | 24 | 7% | 3 | 1% | 5 | 1% | 0 | 0% |
| 2021/22 | 295 | 100% | 9 | 3% | 43 | 15% | 0 | 0% | 149 | 51% | 6 | 2% | 0 | 0% | 15 | 5% | 15 | 5% | 0 | 0% | 3 | 1% | 0 | 0% |
| 2020/21 | 252 | 100% | 6 | 2% | 40 | 16% | 0 | 0% | 131 | 52% | 5 | 2% | 0 | 0% | 9 | 4% | 9 | 4% | 0 | 0% | 1 | 0% | 0 | 0% |
| 2019/20 | 253 | 100% | 3 | 1% | 50 | 20% | 0 | 0% | 106 | 42% | 5 | 2% | 0 | 0% | 14 | 6% | 14 | 6% | 5 | 2% | 2 | 1% | 0 | 0% |
| 2018/19 | 123 | 100% | 6 | 5% | 32 | 26% | 0 | 0% | 39 | 32% | 2 | 2% | 0 | 0% | 7 | 6% | 12 | 10% | 1 | 1% | 1 | 1% | 0 | 0% |
| Total | 1,464 | | 28 | | 233 | | 0 | | 694 | | 314 | | 1 | | 85 | | 83 | | 11 | | 15 | | 0 | |
| Average | 244 | | 5 | | 39 | | 0 | | 116 | | 52 | | 0 | | 14 | | 14 | | 2 | | 3 | | 0 | |
| % | | | 2 | | 16 | | 0 | | 47 | | 21 | | 0 | | 6 | | 6 | | 1 | | 1 | | 0 | |

Table 26: (R5) Household type of households with accommodation secured at end of relief duty.

Table 27 sets out the main duty decision underpinning the homeless decision-making process. On average 69% of all applicants for housing support to Herefordshire Council are accepted as being Homeless, in Priority Need for Housing Support and unintentionally homeless, 4% of households are assessed as being Homeless, in priority need, but intentionally homeless. It can be observed that 25% of households were assessed as homeless but not in priority need. Lastly 3% were assessed as not being homeless at the time they sought housing support.

| | Total main duty decisions for eligible households^{1,2} | Homeless + priority need + unintentionally homeless (acceptance) | Homeless + priority need + intentionally homeless | Homeless + no priority need | Not homeless |
|----------------|--|---|--|------------------------------------|---------------------|
| 2023/24 | 329 | 221 | 11 | 90 | 7 |
| 2022/23 | 367 | 271 | 7 | 79 | 10 |
| 2021/22 | 259 | 193 | 5 | 56 | 5 |
| 2020/21 | 136 | 84 | 3 | 42 | 7 |
| 2019/20 | 74 | 43 | 6 | 25 | 0 |
| 2018/19 | 95 | 55 | 13 | 20 | 7 |
| Total | 1,260 | 867 | 45 | 312 | 36 |
| Average | 210 | 145 | 8 | 52 | 6 |
| % | | 69 | 4 | 25 | 3 |

Table 26: (MD1) Number of households by decision on duty owed at end of relief duty.

Table 27 explains the reason Herefordshire Council ended a main housing duty. It can be observed that in 88% of cases this was because the applicant household accepted an offer of housing in social or private rented accommodation.

| | Total households whose main duty ended ¹ | Housing Act 1996 Pt6 social housing offer | | Private rented sector offer ² | | Refused suitable TA offer, withdrew or lost contact | Ceased to be eligible | Became intentionally homeless from TA | Voluntarily ceased to occupy TA | Not known ³ |
|----------------|---|---|-----------|--|----------|---|-----------------------|---------------------------------------|---------------------------------|------------------------|
| | | Accepted | Refused | Accepted | Refused | | | | | |
| 2023/24 | 214 | 188 | 1 | 9 | 0 | 14 | 0 | 2 | 0 | 0 |
| 2022/23 | 192 | 166 | 2 | 8 | 0 | 8 | 0 | 3 | 5 | 0 |
| 2021/22 | 122 | 100 | 10 | 0 | 0 | 3 | 1 | 4 | 4 | 0 |
| 2020/21 | 66 | 53 | 5 | 4 | 0 | 1 | 0 | 0 | 3 | 0 |
| 2019/20 | 47 | 35 | 3 | 2 | 0 | 2 | 0 | 4 | 1 | 0 |
| 2018/19 | 38 | 19 | 3 | 10 | 0 | 4 | 0 | 1 | 1 | 0 |
| Total | 679 | 561 | 24 | 33 | 0 | 32 | 1 | 14 | 14 | 0 |
| Average | 113 | 94 | 4 | 6 | 0 | 5 | 0 | 2 | 2 | 0 |
| % | | 83 | 4 | 5 | 0 | 5 | 0 | 2 | 2 | 0 |

Table 27: (MD2) Number of households whose main duty ended by reason for duty end.

Table 28 sets out the priority need that applies to each applicant household. It is worth noting that a household may have more than one priority need. An average of 63% of applicant households were assessed to be in priority need due to dependent children being in the household, 5% because of pregnancy, 25% due to a household member being vulnerable due to needs such as old age, physical disability or ill-health, mental ill-health, or being a young person. Of these 8% were because of domestic abuse. Finally, 10% were because of a home emergency, such as fire or flood.

| | Total households owed a main duty ^{1,6} | | Household includes dependent children ⁴ | | Household includes children, but other priority need reported ⁴ | | Household includes a pregnant woman | | Household member vulnerable as a result of: | | | | | | | | | | | | Homeless because of emergency ⁵ | | | |
|----------------|--|------|--|-----|--|-----|-------------------------------------|-----|---|-----|-----------|----|----------------------------------|-----|------------------------|-----|------------------------------|----|----------------|----|--|----|----------------------------|-----|
| | | | | | | | | | Total vulnerable households | | Old age | | Physical disability / ill health | | Mental health problems | | Young applicant ² | | Domestic abuse | | | | Other reasons ³ | |
| 2023/24 | 221 | 100% | 91 | 41% | 29 | 13% | 5 | 2% | 72 | 33% | 5 | 2% | 14 | 6% | 22 | 10% | 3 | 1% | 20 | 9% | 8 | 4% | 24 | 11% |
| 2022/23 | 271 | 100% | 92 | 34% | 71 | 26% | 16 | 6% | 56 | 21% | 5 | 2% | 14 | 5% | 10 | 4% | 3 | 1% | 21 | 8% | 3 | 1% | 36 | 13% |
| 2021/22 | 193 | 100% | 102 | 53% | 35 | 18% | 12 | 6% | 44 | 23% | 1 | 1% | 10 | 5% | 8 | 4% | 5 | 3% | 17 | 9% | 3 | 2% | 0% | 0 |
| 2020/21 | 84 | 100% | 34 | 40% | 27 | 32% | 5 | 6% | 17 | 20% | 0 | 0% | 7 | 8% | 5 | 6% | 0 | 0% | 5 | 6% | 0 | 0% | 1 | 1% |
| 2019/20 | 43 | 100% | 23 | 53% | 3 | 7% | 6 | 14% | 11 | 26% | 0 | 0% | 2 | 5% | 4 | 9% | 0 | 0% | 3 | 7% | 2 | 5% | 0 | 0% |
| 2018/19 | 55 | 100% | 37 | 67% | 1 | 2% | 2 | 4% | 15 | 27% | 1 | 2% | 7 | 13% | 3 | 5% | 1 | 2% | 1 | 2% | 2 | 4% | 0 | 0% |
| Total | 867 | | 379 | | 166 | | 46 | | 215 | | 12 | | 54 | | 52 | | 12 | | 67 | | 18 | | 61 | |
| Average | 145 | | 63 | | 28 | | 8 | | 36 | | 2 | | 9 | | 9 | | 2 | | 11 | | 3 | | 10 | |
| % | | | 44 | | 19 | | 5 | | 25 | | 1 | | 6 | | 6 | | 1 | | 8 | | 2 | | 7 | |

Table 28: (MD3) Number of households owed a main duty by priority need.

Herefordshire Homelessness Health Needs Audit - 2018 (HHHNA)

As part of developing the 2026 – 31 Homeless Prevention and Rough Sleeping Strategy development, it had been intended to undertake a further Homeless Health Needs Audit. A questionnaire has been co-designed and co-developed with experts by experience and colleagues working in this arena. However, 102 surveys were completed in 2018 over a 12-month period. Over a 6-month period in 2025, only five surveys were able to be completed with users of the service. Therefore the 2018 data is used in the development of the new strategy as the 2025 survey has not elicited sufficient data to make comparisons. A recommendation of this strategy is that an updated HHHNA is completed in the first year of its cycle and the data used to fine tune any activities.

However, there is some correlation between the Health Needs Audit questionnaire and the 2024/25 Herefordshire Winter Night Shelter induction questionnaire asked of the seventy-one users of the Winter Night Shelter. These were reported upon in the end of operating season report (Barnett 2025).¹⁷⁷

The 2018 HHHNA review confirmed the complex needs of this client group, and the interlinked dependencies of Mental Health, addiction needs, and homelessness. In detail: -

- 102 HHHNA's amongst the counties wider homelessness community were conducted.
- 76% of respondents reported a mental health problem / behaviour condition.
- Dual diagnosis (severe mental health issue and substance misuse) was reported by 18% of participants.
- Between January 2018 and January 2019, 92 rough sleepers were supported by the RSOT.
- Needs an enhanced focus upon rough sleepers who have multiple and complex needs / challenging behaviours.
- Some successes in supporting clients with substantial substance misuse issues into rehab.
- Fifty clients (54%) reported that they were undiagnosed, but used drugs and.
- 47 (51%) used alcohol.
- Forty-two people (42% of respondents) used Class A, prescription, or other non-cannabis drugs.
- Of the ninety-two clients supported sixty-five people (71%) said that they had poor mental health.¹⁷⁸

The 2024/2025 Winter Night Shelter Induction Questionnaire found the following: -

¹⁷⁷ Barnett R., (2025), Herefordshire WNS End of Cycle Report 2024-25 – Final, Herefordshire Council, Herefordshire.

¹⁷⁸ <https://understanding.herefordshire.gov.uk/health/mental-health/>

- **Mental Health**
 - Thirty-four people (52%) stated they had a mental health support need. (opposed to 2.4% of general populations).
 - Of these twenty-two people (34%) stated this need had been present for 12 months or more.
 - Nineteen people (29%) stated they had been diagnosed with a mental health condition and were engaged with mental health services to some degree.
 - Of these eighteen people (28%) had had the diagnosis for 12 months or more.

- **Physical Health**
 - 19 People (29%) stated they had a physical health support need. Although only one person considered themselves disabled due to lower limb injuries.
 - Of these twenty-two people (33%) stated this had existed for more than 12 months. This is inconsistent with the figure above (19) and the figure of twenty-two is arrived at due to the 'box' being marked on the assessment sheet when it was completed. (The question was either misinterpreted, asked incorrectly, or the data was incorrectly inputted to the electronic tables (and this last has been checked to discount.)

- **Drugs and Alcohol**
 - Twenty-two people (33%) stated they used alcohol and / or drugs to self-medicate. This breaks down as twenty people (34%) using alcohol and seventeen people (28%) using drugs the vast majority using both. (opposed to 0.57% of general populations affected by one or both of these.)
 - Nineteen people (29%) stated they used class A, B or C drugs or were in recovery from such use. (With ad-hoc engagement with recovery services. Drugs used were Cannabis, Cocaine, Crack Cocaine, Amphetamine / Speed, Heroin, Benzodiazepine, Prescription drugs (and which ones), Methadone.) This includes the seventeen people in the point above who self-medicated using drugs, as well as an additional two people who said they used drugs, but not for self-medication purposes.
 - Twenty-two people (34%) stated they had problematic alcohol use or were in recovery from such use. (With ad-hoc engagement with recovery services.) Problematic defined as daily drinking more than five units of alcohol. This includes the twenty people in the point above who self-medicated using alcohol, as well as an additional two people who said they used alcohol, but not for self-medication purposes.

- **Criminal Justice System**
 - Twenty-nine people (47%) had a caution, reprimand, or conviction with seven of these (11%) currently engaged with probation services.
 - There was a broad range of declared offences for which convicted.
 - The majority had under five convictions, but four people had up to ten conviction and four had over fifteen convictions.
 - Eight people did not answer this question. (12%).

Turning Point data¹⁷⁹ Turning Point is a national social enterprise and charity, which is commissioned by Herefordshire Council to deliver an integrated, county-wide drug and alcohol treatment service. The service went live in April 2021 with funding through the Local Authority, as well as the Office for Health Improvement and Disparities (OHID) to meet the needs of young people and adults affected by substance use in the county.

¹⁷⁹ Data from Chris FRANKS – Senior Operations Manager – Herefordshire Recovery Service – Turning Point

Turning Point have introduced a dedicated Outreach and Engagement Team via the Rough Sleeper Drug & Alcohol Treatment Grant (RSDATG), which includes provision of a Criminal Justice Recovery Worker and introduced a new Peer Support Worker (PSW) role to support engagement from a lived experience perspective. This additional funding also provided an opportunity to support inpatient detox (IPD) and residential rehabilitation (RR).

In 2024/25:

- 1,131 people in treatment.
- 399 people who use opiates engaged in treatment.
- 407 people who use alcohol only engaged in treatment.
- According to 2024/25 prevalence data via NDTMS.net, we have in the region of 586 opiate users in the county, unmet need rate is 48%.
- The majority of these people are aged 45-54 (173) and are male (457).

Herefordshire has a longer than average time in treatment.

- According to NDTMS.net, drug misuse deaths for 2022-24 were 36 (37 in 2021-2023) with the total for England 9,697.
- Alcohol dependence - national prevalence data (2024/25) suggests we are likely to have in the region of 1,852 individuals with an alcohol treatment need, 60% unmet need rate.
- The majority of these people are aged 35-54 (866) and are male (1,422).
- Many of our client group have comorbid mental health issues ranging from mild to severe and enduring.
- Turning Point work in partnership with mental health services to offer a mental health interface pathway to support engagement and advocate for mental health treatment. However, complex mental health and dual diagnosis remain a potential barrier for many people in the county.
- Additionally, most service users experience a range of complex treatment needs, requiring specialist advice and support to address employment, education, money management, housing, criminal justice, and physical health needs.
- A hospital liaison pathway is in place, with a dedicated Alcohol Liaison Nurse based at Hereford County Hospital and Turning Point staff attending the Hospital Multi-Disciplinary Team (MDT) Meeting to support community treatment pathways, including alcohol relapse prevention medication.
- We have seen a good engagement and retention rate for people accessing treatment and have seen high successful completions, specifically for non-opiates and alcohol & non-opiates in 2024/25.

Mental Health Support

The following update has been provided by Richard Day Senior Mental Health Practitioner

For Rough Sleepers (CPNRS) working as part of the Bright Path initiative across Herefordshire and Worcestershire.

Within this cohort, diagnoses can be fluid and often transient. The primary issues that present relate to complex and compound trauma, both historical and current, which significantly impacts personality development, engagement, and stability.

A recurring theme is poor engagement and the difficulty services have in meeting the multifaceted needs of this group. Often, other agencies need to complete essential work before further intervention can be effective. For example, where there is problematic alcohol use, Turning Point is usually identified as the lead agency, and engagement there is required before meaningful progress can be made elsewhere.

From a mental health perspective, engaging with this client cohort is extremely challenging. However, the work is trying to move towards a model where agencies work concurrently rather than sequentially. Which is why Team Around Me (TAM) is such a positive development. The support required is multi-agency by nature, with close coordination across all services involved.

Below is a breakdown of the activity undertaken with the group over the past year (2025/26):

Direct Patient Support

1.1 Appointment Activity

| Activity Type | Number | Notes |
|---------------------------------------|---------------|--|
| Total 1:1 interventions | 44 | Across nineteen individuals |
| Formal assessments | 6 | Four referred to MH services; one transfer supported |
| Initial medical appointments | 2 | Supporting transition into MH services |
| Joint appointments with Crisis Team | 3 | Acute distress support |
| Joint appointments with Turning Point | 5 | Co-occurring MH & substance needs |
| Joint appointments with NMHT | 4 | Ongoing community care |

In addition to the above, there have been a total of 12 Teams Around Me (TAM) meetings, which appears to be the area of greatest interest at present. This number is expected to increase to 14 or 15 within the first month of 2026. To ensure the model has longevity and impact, a significant amount of administrative support will be required, and work is under way to bring together the five additional agency champions who expressed an interest in developing and expanding the TAM model. There is an acknowledgement that working with this group is in itself challenging and developing and expanding the number of staff who can undertake the role to support the group is also challenging in terms of recruitment and retention.

Co-Production of the Herefordshire Homeless Prevention and Rough Sleeping Strategy 2026- 2031

Through 2025, this Strategy has been co-produced in partnership with Herefordshire Homeless Forum. On 1st July 2025, a workshop took place with the full forum membership to review the progress to deliver the 2020-2025 Homeless Prevention and Rough Sleeping Strategy. (Appendix A sets out the full review document) This review was also discussed at The Hereford Safeguarding Adults Board, The BRAVE Strategic Board and BRAVE operations Board, where all partners were able to feedback and shape the final document. This review document was also used to support the series of five surveys set out and discussed on page 103 below.

This workshop also identified five key strands or pillars to support the overall strategy. These were: -

1. Systems – early intervention and prevention / prisons release / community resilience
2. Funding – of the whole / posts / accommodations / client budgets / debt relief
3. Accommodation – more TA / Move on / under twenty-five's / immediate emergency offer / Families.
4. Staffing - resilience in staffing models, info sharing about roles and responsibilities.
5. Data – collection and sharing and storage of data across the system.

The attendees also made fifty-four observations / recommendations for how to improve our homeless and rough sleeping services. These observations / recommendations have been cross referenced against the recommendations that are suggested from the literature review above. (See appendix C). These were: -

1. Create a process whereby clients have a level of debt assessment done with them **(Recommendation 10)**
2. Think about the role of a Debt Management Officer type post to support this – where cases are more complex – thinking about the prison/landlord scenario **(Recommendation 32)**
3. Year-round shelter with support – day and night access **(Recommendation 16)**
4. More support with move on accommodation to stop people getting stuck in TA / SA and transitional accommodation. **(Recommendation 27)**
5. Better access to MH services. **(Recommendation 13)**
6. Better engagement from MH Management. **(Recommendation 13)**
7. Shared outcomes framework
8. Peer mentor scheme for homeless pathway. **(Recommendation 18)**

9. Investing in communities to support each other early – intervention / prevention of not just homelessness. **(Recommendation 1 and 2)**
10. Better coordination around prison releases. **(Recommendation 32)**
11. TA that accepts pets. **(Recommendation 27)**
12. Move on accommodation – 1 bed flats / houses / pods etc. as move on from Supported to get into work - including life skills development. **(Recommendation 27)**
13. Funding for ID, clothing, white goods – if not covered in existing schemes. **(Recommendation 20)**
14. Market towns replicate what Hereford offers i.e. Kindle centre, food, drop ins – funding to support? **(Recommendation 5)**
15. Continue and improved partnership / MA working **(Recommendation 11, 12, 13)**
16. Upskilling partners about what is possible – resources, services, and opportunities. **(Recommendation 5)**
17. Those who ‘choose’ to sleep rough make sure they have access to support, services, resources to be as safe as they can – showers, laundry, food etc. **(Recommendation 13)**
18. Subsidise youth clubs, scouts, youth groups etc, as can support families and builds resilience in youth. **(Recommendation 5)**
19. Increase awareness of resources and services available across county. **(Recommendation 5)**
20. Access to counselling / support groups to prevent escalation around MH issues / needs. **(Recommendation 5)**
21. Shift focus from preventing crisis to early intervention more – further upstream. **(Recommendation 5)**
22. Look at staff models to make sure they are fit for purpose and able to meet / future proof to help early intervention services. **(Recommendation 12, 13)**
23. More joined up working with Families First / Early Help agendas. **(Recommendation 5)**
24. Improve response to 16/17 yr old who are homeless. **(Recommendation 2)**
25. Affordability of accommodation for under twenty-fives. **(Recommendation 27)**
26. More involvement from sports clubs in communities – invest in training awareness raising of issues etc. **(Recommendation 5)**
27. Develop a countywide vision across strategic, and operational across all agencies – top to bottom. **(Recommendation 11,12,13)**
28. Specialist accommodation from complex / dual diagnosis – where MH and TP supporting, prevent evictions – reduces severe MH. **(Recommendation 27)**
29. More robust funding of MH services by LA / joint funding. **(Recommendation 33)**
30. Long term support **(Recommendation 5)**
31. Early intervention and prevention – awareness – supporting base line – reduce / less crisis. **(Recommendation 5)**
32. IOM properties – they provided a good model. **(Recommendation 32)**
33. Have a robust referral process – more person centred and specific – how is it navigated? **(Recommendation 5)**
34. Central referral hub – more service awareness and cohesion / collaboration. **(This could link to the work to develop a Multiple Complex Vulnerability Strategy)**
35. Champions in each organisation / area of business to break cycles. **(Recommendation 11,12,13)**
36. Funding attached to floating support contract for rent arrears. **(Recommendation 20)**
37. Support across all streams / more low-level support. **(Recommendation 11,12,13)**
38. Sharing of agreements / care plans / support plans. **(Recommendation 11,12,13)**

39. Increased offer of support across the county – under twenty-five’s seeking work – choice between eating and heating. **(This could link to the work to develop a Multiple Complex Vulnerability Strategy)**
40. More housing stock **(Recommendation 40)**
41. Less dependence on private sector housing **(Recommendation 29,30, 40)**
42. Data sharing across agencies – single data system. **(Recommendation 11,12,13)**
43. Co production – co design – co delivery – meet people where they are at - women’s census. **(Recommendation 18, 24)**
44. No wrong door approach – access where someone feels comfortable and that creates an in road to all services, **(Recommendation 11,12,13)**
45. Central data base - signed DPA. **(Recommendation 11,12,13)**
46. Accessibility of services – Physically and emotionally and psychologically accessible – Neurodivergence accounted for + educational and learning needs. **(Recommendation 21)**
47. Trauma Informed across it all. **(Recommendation 21)**
48. Continuity – detailed assessment of need with details outcomes / plans **(Recommendation 13)**
49. Clear definitions of what support is available and by who and where. **(Recommendation 13)**
50. Definitions of roles in the sector – do we know who does what, when, where, why and how? Duplications of roles? **(Recommendation 11,12,13)**

The four additional recommendations were added following the Homeless Forum on 8th July 2025 – when additional members were present and contributed.

51. Palliative care pathway and vicarious trauma support pathway. **(Recommendation 6)**
52. Increase TA – Volume of units. **(Recommendation 26, 27)**
53. Bankruptcy and DRO plans to be considered for service users with larger debts – particularly link in with HMP estates and processes to mitigate risks for offenders upon release. **(Recommendation 20)**
54. Link HC Prevention Strategy with this work and ensure that both capture a vicarious trauma support model for staff / volunteers as well as service users. **(Recommendation 21 + This could link to the work to develop a Multiple Complex Vulnerability Strategy)**

This workshop also reviewed five surveys that were used to capture the views of the following groups of people and agencies who had either delivered or been recipients of the 2020-2025 strategy workstreams: -

- a) users of the homelessness services.
- b) accommodation providers.
- c) delivery partners.
- d) service providers; and
- e) the general public.

As a result of feedback from the forum membership, the surveys were amended (The survey for users of the service had been co-produced with the residents of the White Cross Road Hub in early June.) The surveys had two aspects to them. The first was looking back at the 2020-25 Homeless Prevention and Rough Sleeping Strategy (this was the same across all five survey types) and the second looking to the future to consider what was needed for the new strategy. The second element was unique to each grouping.

All five surveys were available to complete between end of August and end September 2025. They were made available through a variety of mediums: -

- Via Hereford Council Web site,
- through circulations via email to all Homeless Forum members,
- through circulations direct to all individuals in the following multi-agency partnerships: –
 - Strategic BRAVE Board.
 - Operational BRAVE Board.
 - TAM.
 - BTC.
- Circulations direct to all individual agency leads in the membership of Policy and Practice Group with all Registered Providers of Social Housing.
- Circulated direct to all individual leads and members of the Herefordshire Safeguarding Adults Board and
- Internally - Herefordshire Council staff and members were signposted to the questionnaire on Herefordshire Council website, through the weekly newsletter, and
- Through direct mail shots to all staff working in: -
 - Housing Solutions Team and
 - Strategic Housing Team,
 - Managers in Commissioning,
 - Managers in Adult Social Service's and
 - Managers in Children's Social Service's teams.

Media support was also secured to share the details of the survey via Herefordshire Council social media streams.

A total of thirty-four surveys were completed. Thirteen by service users; three by registered providers; five by delivery partners; four by service providers and nine by the general public.

All surveys asked the same thirteen questions about the delivery and impact of the Homeless Prevention and Rough Sleeping Strategy 2020-2025. Respondents were asked to consider the above referenced Review document or use their own knowledge and experience to answer the question yes or no and make comments if applicable.

The responses are recorded in Appendix F.

All five surveys also asked a series of questions about homelessness and rough sleeping and their thoughts for what was needed to continue to address homelessness in Herefordshire.

Reporting on each survey in turn.

Service Users

The service users were asked to provide their contact details if they wished to assist with the ongoing development of the new strategy. None did. All other surveys the individuals completing them added their contact details.

Service Users were asked the following opening question: -

TO NOTE – not all service users answered every question or sub-question.

How has homelessness affected you personally? Please select all that apply.

- *Homelessness affected my mental health. (6)*
- *Other (6)*
- *Homelessness has not affected me. (1)*
- *Homelessness affected my physical health. (0)*
- *Being homeless meant I was not able to work / lose my job (0)*

- *Homelessness affected my personal relationships (0)*

The six responses to 'other' also provided a free text response as follows: -

- *I'm losing my zest for life affected by all.*
- *All the above - betrayal trauma, taking my son away from me using lies and excuses to keep him away totally destroy me resulting in homelessness.*
- *All the above*
- *All the above*
- *all the above*

Eleven of the respondents stated they had no help with preventing their homelessness. Two stated they did get help prior to being made homeless. But their responses were: -

- *I was in prison and had very little help coming out.*
- *Brother tried to help. no services helped. didn't ask for help.*

When asked if any organisations were working with them now. Eleven respondents said yes, two said no. they were asked a supplementary question "Are there any other organisations that could help you? Responses were: -

- *Basic Support from Lees Place crew only*
- *Council are working with me.*
- *Turning Point and Connexus*
- *Brother helped get Universal credit. Could get help from 27A if I wanted, but don't want help/ Lees place is a god send for me.*
- *I don't know.*
- *Lees place, salvation army living room.*
- *Basic support from Lees place crew only*
- *people who help me - job centre, living room, lees place.*

Service users were asked "What are the main challenges that you face in accessing services to help you?" Responses were: -

- *Asking but never getting a reply, being let down. Authorities not getting back to me.*
- *Really crap government and local council. What's in the way? the list is too long to answer.*
- *After getting help it was easier, but I cannot make plans for the future I can only live day to day. I don't have documents because I lost it and I don't have the status and the insurance number.*
- *Lack of housing space to put people in*
- *I got help to get a flat or that remains is to get a passport.*
- *nowhere to sleep. Can't put address on forms.*
- *can't read or write so don't know what to do.*
- *I have Aspergers ADHDD, and it makes it difficult. The council are the problem. I am visually impaired, and I feel like I'm not listened too or taken seriously.*
- *don't know.*
- *corruption, lies, abuse of power in authorities' racism towards polish names.*
- *we get pushed to the bottom of the pile.*

The supplementary question following was "How could these challenges be addressed?" Responses were: -

- *don't know.*
- *If you don't meet all the criteria, you don't get help.*

- *I don't have an addiction but struggle with my mental health due to grieving.*

Service Users were then asked, "In your view what are the THREE biggest issues that need to be tackled in relation to homelessness / homelessness prevention in Herefordshire?"

Responses were: -

- *not getting replies*
- *Depression - mental health*
- *broke apartment*
- *Shelter is only in the winter months acetabular disease two heart attacks etc limited places to sleep.*
- *Don't know not homeless anymore.*
- *Budget getting spent on unnecessary things, alcoholism, lack of night shelters / emergency shelters.*
- *don't know.*
- *some people treat it as normal for everyone; being lonely; stress.*
- *Lack of housing solutions for homeless; problem - money doesn't stretch far enough.*
- *not try to understand that authorities especially child services can and do make mistakes often.*

The supplementary Question to this was "How do you think these issues can best be addressed?"

- *Meetings with homelessness people so they can protect their views help me to be in a flat and have work.*
- *no idea*
- *Like other cities put pods in unused buildings such as factories and old warehouses and old goals. Put pressure on people who have smaller families to downsize their homes such as retired people who are one or two people living in a 3-4 bed house.*
- *Residential premises and peace of mine doctor's recommendation's*
- *don't know.*
- *Care leavers with learning difficulties need to get a support worker.*
- *don't know.*
- *don't know.*

Service Users were then asked, "Thinking across all agencies and groups in Herefordshire, what do you think are the main gaps in services to prevent homelessness in Herefordshire and/or to support homeless people?" Response was: -

- *The Same as the above questions*
- *not an efficient enough system / workers in place to help and the ones who are, aren't worth what they get paid.*
- *don't know.*
- *lack of money*
- *None*
- *shelters to sleep*
- *don't know.*
- *understanding Rees foundation*

Service users were asked for their thoughts on "How can these gaps be addressed?"

- *Need a safe place to sleep so can find another job.*
- *thinking outside the box for individual needs*

Service users were then asked, "If you think that there are other key objectives that we should include in the Homeless Prevention and Rough Sleeping Strategy 2026 - 2031, please add below." Responses were: -

- *everything mentioned in this survey*
- *larger support networks at all stages*
- *Yes*
- *Mentors for people coming out of prison, giving others their experience.*
- *I have no idea because I am there myself (translated from Polish)*
- *not sure a lot*
- *don't know.*
- *keep eyes open and try to understand needs first as homelessness is often a result not a primary problem.*
- *access to showers during the period of homelessness and rough sleeping.*

Service users were also asked "Do you think that there could be more effective approaches and partnership working in Herefordshire to address homeless issues? If yes, what more could be done?" Responses were: -

- *I don't think they know other teams for homelessness exist.*
- *Be more understanding of where we are at in life / health and mentally.*
- *Work with landlords too understand these things.*
- *Work is being duplicated - 4 or 5 people all trying to give the same support to people.*
- *not sure*
- *Yes, Venture does not work well. they said they would help and then they didn't.*
- *There is no communication between police, councils, courts and lots of teams, volunteers NHS etc.*

Service Users were also asked "Do you have any suggestions for new initiatives or partnership/communication arrangements that would assist in improving outcomes for homeless people?"

- *constant support*
- *Yes, a lot not when homeless*
- *news sheet to share between organisations the latest local news on homelessness and regulations and law. Spread the same ideas so everyone is on board.*
- *Well, we have to help ourselves, I kept it that way.*
- *not sure*
- *No*
- *a lot!*

The penultimate question to Service Users was "The Government intends to end rough sleeping by 2027 and halve it by 2032. Do you think that there is more that we could do in Herefordshire to meet this target locally?" Responses were: -

- *use the budget appropriately.*
- *yes*
- *no*
- *Talk*
- *you can always do more, but this won't happen.*
- *I don't know.*
- *yes*
- *yes, but it won't be done.*

The final question to Service User was "Is there anything that you are able or willing to do to help with achieving the rough sleeping target? Responses were: -

- *no*
- *volunteering*
- *no*
- *?*
- *The council are nothing but cruel and unkind. As an autistic visually impaired person you want too much information, and I feel that I have seen others just get homes handed on a plate with little given to them. You don't help anyone unless they are a young girl and I think everyone should be treated equally and fairly.*
- *I have enough of my own problems*
- *I need help with residential premises and medical assistance.*
- *Not at the minute*

Lastly, Service Users were asked "Please add any further comments that you would like to make regarding rough sleeping or any other form of homelessness." Responses were: -

- *yes*
- *Police will deny this, but they target you and tell you to move on from places instead of offering help or support.*
- *Buy derelict buildings - use people who come out of prison with manual skills to train them and give them experience to do the places up.*
- *Lockers for the homeless - somewhere to put your stuff safely in the daytime without worrying of it being stolen.*
- *Been homeless for 9 months, had a job, lost it 3-4 months ago due to being homeless.*
- *Before I lived with a friend, but they went back to Poland.*
- *no*
- *Even though my physical health is very good, my mental health is very bad.*

Accommodation Providers

The first question that Accommodation Providers were asked was "What are the main challenges that you face in providing accommodation for homeless families and single people or those at risk of homelessness? How could these challenges be addressed?" Responses were: -

- Little or no appropriate support available to those who are willing to engage – Improve housing related support offer within the County. Disengagement with support – Improve dialogue with individuals at first point of contact, to try to increase understanding of need to engage to improve housing options going forward. Complex needs requiring more than one element of support – Improve offer of support within County. Support withdrawn – Improve Support Service dialogue with RP landlords prior to support ending. Not tenancy ready – Improve work with individuals at first point of contact, being aware of what is required to be tenancy ready in advance (wherever possible) of an offer of accommodation to include not only financial readiness but practical readiness (i.e. carpeting, furnishing, day to day expectations of managing a home). Lack of available accommodation particularly for specific needs e.g. 4+ bedroom properties, 3-bedroom bungalow
- There is little accommodation available with RSL's and private sector. There is not one referral route into accommodation.
- Inappropriate referrals and unmet mental health needs make it difficult to provide stable accommodation, highlighting the need for better matching and integrated support.

The second question "What are the main issues that would prevent you from offering accommodation to a homeless family or single person household?" Responses were: -

- *Having enough money to afford to sustain a tenancy – Include a financial assessment at first point of contact, to then establish signposting/referral for financial support to maximise*

financial opportunities where able, prior to an offer of accommodation History of ASB and/or arrears where evidence suggests little or no improvement to modify.

- *ASB, Serious Crime and Violence, specialist needs not being managed by other agencies. Rent arrears and charges from previous landlords.*
- *The main issues preventing accommodation are being unable to provide appropriate support or lacking the means to move them on to suitable long-term housing.*

The supplementary question was “How could the council and/or other organisations work with you to overcome these barriers? Responses were: -

- *Support could be offered to ensure households are tenancy ready – recent history of abiding by tenancy/licence conditions, built up funds to cover at least a week’s rent.*
- *Start the joint working pathway.*

The third question was “In your view what are the three top issues that need to be tackled in relation to the provision of accommodation for homeless households or those threatened with homelessness. How do you think that these issues can best be addressed? Responses were: -

- *1. Appropriate accommodation in the right place two. Appropriate support 3. Effective housing register that captures and shares relevant information on applicants.*
- *1. How to address historic debts; 2. un-managed health and specialist support needs; 3. Better pathway than currently exists*
- *1. previous rent arrears; 2. lack of affordable housing; 3. unmanaged support needs*

The fourth question was “In your view, do you think there is currently enough support available to accommodation providers (all types) to support tenants to maintain their tenancies?

Two agencies said “no,” one said “yes.” When asked to explain their answers, the following comments were made: -

- *Support is not always available for all households who face homelessness, for example, there is support for single homeless households however support for homeless families is not as readily available and often it is only at point of offer that support need is identified. Our view would be this is identified and put in place at an earlier stage of the household Homeless journey.*
- *Yes - if it was managed properly to provide access to the individuals.*
- *we see a huge demand and tenancy support services are in high demand.*

Fifth Question was “Does the level of support available influence you in offering a tenancy to people who are homeless?” all three answered “yes.” When asked to explain, responses were: -

- *It may do, is dependent on what needs are identified at point of pre-offer checks and Assessment of tenancy sustainability.*
- *We have a duty within our contracts to provide support to enable an individual to move on to live independently successfully.*
- *We are supported housing and find that some referrals have greater needs than we can offer.*

Sixth question was “What do you think about the level of collaboration or partnership working between the statutory, accommodation providers and the community, voluntary and faith sector?” Responses were: -

- *From our perspective, and in comparison, to our other operating areas, there is a good level of collaboration in Herefordshire. In our opinion it has a better-established partnership enabling this good level of collaboration.*

- *There was a plan for this that hasn't come to fruition yet. still dis-jointed and silo-working.*
- *Still needs to be developed. Good intentions but needs to be a fully formed process.*

The review of the thirteen priorities in the Homeless Prevention and Rough Sleeping Strategy 2020-25 is included in Appendix F.

Question seven asked "If you think that there are other key objectives that we should include in the Homeless Prevention and Rough Sleeping Strategy 2026 - 2031, please add below. All three responded "no."

The eighth question was "The Government intends to end rough sleeping by 2027 and halve it by 2032. Is there anything extra that your organisation could do to help meet this target locally either as your own initiative or in partnership with others?" Responses were: -

- *Continue to work collaboratively to support projects on the ground e.g. BRAVE.*
- *The more we are able to collaborate the more we will be able to contribute.*
- *Currently applying for RP status to aid us to provide more housing and have access to grants. This will reduce the burden on local authorities not being to subsidise housing benefit claims.*

The ninth question was "Would you be interested, in principle only, in working with the council to pilot a Housing First Project or Housing Led Project in Herefordshire? All three responded "yes."

- *Yes – happy to enter into discussions with partners.*
- *Yes - but we would need more details before committing.*
- *Yes*

The last question was "If you are a Registered Provider have you signed up to the Homes For Kathy Commitments or are you intending to sign up?" One replied "yes," one replied "no" and one replied "Didn't know about Homes for Kathy."

Delivery Partner

This questionnaire was aimed at partner agencies who work directly in the delivery of services to support people affected by homelessness and who were not accommodation providers.

Respondents in this group represented local charities, statutory agencies, and non-housing teams from within Herefordshire Council.

Question 1 was "What is the nature of your interest in homelessness?" responses were: -

- *involvement with the homeless over many years. E.g. Night shelters, food provision, other welfare issues. Funerals and Memorial Services. Some work with the Gypsy community*
- *impact on poor mental health and socio-economic issues*
- *Strategic manager*
- *I commission Rough Sleeper Project through the Rough Sleeper Drug and Alcohol Treatment Grant Having previously worked in housing, understanding of complexity and the need of prevention.*
- *To safeguard tenancies and reduce risk of homelessness.*

Question 2 was "What does your organisation do to help prevent all forms of homelessness or support homeless people and for which client groups?" responses were: -

- *Christian motivation to do whatever a city centre Church can do to help the homeless*
- *Rough sleeper liaison workers now employed across both counties and strong links with AOT in Herefordshire*

- *see 16/17-year-old protocol, and work completed by the Homelessness worker ongoing strategic meetings to address the challenges of sufficiency, joint work within escalations, reports to Housing board this is also within the Sufficiency strategy.*
- *Provides funding through PH Grant and Government Funding streams.*
- *Fresh Start, supporting individuals and emergency accommodation for the LA.*
- *The prevention of Homelessness, by working with organisations/ partners /community groups to recognise the signs of a tenancy at risk, provide information on self-help opportunities and the need to take action at a much earlier point to reduce risk of homelessness. The teamwork offers regular 'drop in' sessions across the county at Talk Community Hubs and food banks, focusing on areas where there is an identified gap & limited access to advice. This builds trust with the organisations staff and volunteers who refer people to the team who would otherwise not engage until crisis point. In addition to providing timely advice and information to tenants we are also able to upskill volunteers and staff and empower them to confidently provide assisted information, this builds community resilience to prevent homelessness The team also work with support staff from a range of organisations to provide information and advice where a tenant is highlighted as being at risk of homelessness Support is available for those aged 16plus*

Question 3 was "Which other organisations do you work with now, if any?" Responses were: -

- *LA, WVT*
- *police, health, vol sector and education*
- *Turning Point / Homelessness Team Housing / Probation*
- *LA and multi-agency partners.*
- *The project has received referrals from around forty-one organisations around Herefordshire. We would like to work closer with Housing Associations) see comments for this in answers further down) plus Benefits Team around CTR where support to apply for this at an earlier stage would likely reduce risk of financial difficulty/ court action/ rent arrears accrual.*

Question 5 was "Are there any other organisations that you could work with to enhance the services that you currently provide?" Responses were: -

- *NA?*
- *Mental Health*
- *N/A*

Question six was "What are the main challenges that you face in delivering services to homeless people or preventing all forms of homelessness? How could these challenges be addressed?" Responses were: -

- *Overzealous bureaucratic and safeguarding issues*
- *Unknown*
- *Sufficiency is the greatest challenge and capacity of the workers within the homelessness team Lack of suitable housing, barriers such as rent arrears due to custodial sentences.*
- *Better communication between partner agencies*
- *Most referrals are for tenants who have significant rent arrears putting their tenancies at risk, the challenge is to encourage tenants to act much sooner when there is a missed payment rather than wait until crisis point and enforcement notices. Partners & community and organisations to be involved in identifying issues and sharing information about help available at a much earlier point. Work with Housing Associations, revs & bens team to identify tenants at risk at much earlier point (e.g. first missed payment?), so that they can be contacted and information on self-help / payment plans/ early intervention measures put in place Welcome packs – to new tenants/ RSL's Private landlords regarding the help*

and support available in Hereford Trigger points identifying significant events that could indicate support & advice is needed and services available. Develop a flow chart e.g. redundancy/ unemployment / Connections to local community /advice & support E.g. provide relevant links & phone numbers talk community directory/ local food bank email/CA / Money advice services in Herefordshire.

Question seven was “Do you think that you could do more in relation to homelessness / homeless prevention / or supporting homeless households and if so, what would this be and how could it be achieved?” responses were: -

- *Not more than I am doing.*
- *N/A*
- *yes, in increasing sufficiency and understanding and education of y/p.*
- *Raise the issues in Hereford with the PCC and Probation and work together to address the issues highlighted.*
- *overcoming silo working*
- *First missed payment-or a financial trigger point for earlier intervention referral route to encourage tenant engagement and payment plan- which could include access to prevention monies at an earlier point as part of a supported repayment plan and evidence of regular payments made. This builds resilience and financial responsibility, empowering the individual Rent arrears present a barrier to moving to smaller accommodation even though this would free up funds to set up payment plan. Cost benefit analysis on this. Could a pilot study take place to at budgets to support a small-scale project & review cost benefit analysis- this would potentially free up larger properties?*

Question eight was “In your view what are the THREE biggest issues that need to be tackled in relation to homelessness / homelessness prevention in Herefordshire?” Responses were: -

- *Housing shortage, bureaucracy, supervision once of the street*
- *Better transport links, greater employment opportunities, greater access to affordable housing sufficiency, capacity and homes which enable pets.*
- *Rent Arrears (resulting in intentionally Homeless), Lack of Housing, and no mechanism in place for those going into custody to inform their landlords.*
- *Stop silo working, commissioning of services need to be done jointly between directorates and community sector, and commission local services that know they area and can mobilise quickly The points below provide an opportunity to identify the earliest points at which prevention can take place with the least resources and impact on individual wellbeing. Do housing associations do this already? Do some do better than others- can best practice be shared What is the rate of eviction due to arrears in Herefordshire?- could we do better 1.Encourage housing associations to review data & identify tenancies at risk at an earlier point- e.g. first missed payments- Do housing associations do this already or do some do this better than others & can best practice be shared. Currently what level of arrears need to accrue before tenants are contacted and offered support/ payment plan /referred for floating support 2. Council Tax reduction – identify households eligible for CTR but who have not applied for it and ended up with arrears/ pending court action and also rent arrears. What are the stats on this in Herefordshire, in terms of the prevention agenda if the stats are significant could this be looked at & referral pathways put in place 3. Private landlords’ forum/ network- welcome pack for landlords who can support tenants to seek advice and support at earliest point to safeguard tenancies.*

Supplementary question was “How do you think that these issues can best be addressed?” Responses were: -

- *Multiple flats, rooms, supervised???*

- *see strategy.*
- *Being creative regarding accommodation i.e. work with private landlords, look at suitable properties for CAS 2 & 3 properties and implementing a mechanism to inform landlords of tenants going into custody Joint commissioning of services.*

Question nine was “What do you think are the main gaps in services to prevent homelessness in Herefordshire and/or to support homeless people?” Responses were: -

- *6a above and co-operation between agencies*
- *Homeless healthcare centre, permanently sited and staffed?*
- *MH input, Continuity of Care, Joint Care Planning*
- *lack of prevention support, and lack of communication between partners Those who have pets who won't be parted from them are difficult to support.*

Supplementary question was “How can these gaps be addressed?” Responses were: -

- *Build - convert properties,*
- *work together.*
- *???*
- *?*
- *Implement Joint Care Plans (all agencies involved in individuals' life)*
- *Better communication, potential set up of multi-agency groups to discuss specific individuals or families to prevent homelessness, this was taking place in CS however HS never attended.*

Question ten was “If you think that there are other key objectives that we should include in the Homeless Prevention and Rough Sleeping Strategy 2026 - 2031, please add below.” Responses were: -

- *supervision of re - homed is critical.*
- *maybe include an escalation process when people are falling through the gaps.*
- *Recommendations for system leaders: 1. Expert-led, Safer recruitment, selection, and training for all working with the vulnerable. 2. Person centred risk assessment. a. Healthcare checks as a better response to those presenting with critical medical risks. b. Personal & inter-personal risk assessment for high-risk groups to remove barriers to support. 3. Safety protocols & processes - transparent to participants, that promote the inclusion and the voice of the most vulnerable. 4. Encourage regular, daily connection to build trust and provide each person with a consistent well-trained and supported community-based Link Worker to travel the journey with them. For those first presenting at risk of homelessness: 5. Move to a 'single holistic recognition process' and away from 'singular narrow assessments. 6. Allow a better 'triage process' linked to 'immediate accommodation' and 'rapid rehousing' 7. The system needs to develop more holistic practice beyond the lens of housing and through a single point of contact that builds trust and connects each individual with the support they need. 8. Establish clear, clean, real-time, well-evidenced data to shape on-going system development - including feedback from wider stakeholders such as businesses, retailers, and venues.*
- *Do you think that there could be more effective partnership working in Herefordshire to address homeless issues? If yes, what more could be done?*
- *It's pretty good but can always improve.*
- *needs above across agencies to gain a collective solution and More input from Mental Health*
- *Yes, potential multi-agency panels, not just the homelessness forum.*
- *Collaborative case studies of joint working where partners added value to achieve an outcome would be very powerful.*

Question eleven was “Do you have any suggestions for new initiatives or partnership/communication arrangements that would assist in improving outcomes for homeless people?” Responses were: -

- *Pre-Release meetings*
- *Regular data comms, in regard to progress on the strategy*
- *Is there are opportunity for an operational forum/network of support workers/ outreach staff & Early prevention officers once or twice a year to encourage collaborative working. There are lots of new staff members and this could be helpful.*

Question twelve was “Do you think that there is more that we could do in Herefordshire to reduce Homelessness and Rough Sleeping?” Responses were: -

- *Yes - Work closer with private landlords - offer incentives Yes.*
- *Pets are a barrier for many who are homeless. For individuals these are seen as family members, providing significant emotional support and often the only thing that is reliable. Providing a reason to have a routine and reason to get up. More opportunities to provide accommodation that accepts pets would make a significant difference.*

Question thirteen was “Is there anything that your organisation could do to help with making homelessness rare, brief and non-recurring in Herefordshire?” Responses were: -

- *purpose build temp accommodation, with support.*

Lastly question fourteen was “Please add any further comments that you would like to make regarding rough sleeping or any other form of homelessness” Responses were: -

- *recruit people who can build relationships with the homeless*
- *Uncertainty around hidden homelessness figures*

Service Providers

This questionnaire was aimed at partner organisations and agencies who provide services to support the delivery of programs and services to alleviate homelessness and who were not accommodation providers or delivery partners.

Respondents in this group represented local charities, statutory agencies, and housing related teams from within Herefordshire Council. Four surveys were completed.

Question 1 was “What is the nature of your interest in homelessness?” Responses were: -

- *Our organisations support a number of rough sleepers and homeless.*
- *Everyone is worthy of a safe place to call home, build strategy, avoid gaps for people at risk of homelessness and homelessness and not disadvantaged.*
- *As a LA, Herefordshire Council has duties to prevent and relieve homelessness. We also have a duty to map and understand housing need in the county and to produce a range of policies and strategies including one to set out our work in the prevention of homelessness.*
- *I support individuals experiencing homelessness as part of my current role.*

Question two was “What does your organisation do to help prevent all forms of homelessness or support homeless people and for which client groups?” Responses were: -

- *We take a holistic approach and will actively work with other organisations and partners to address the problem.*
- *Many strands across housing operationally and strategically - Bobs amazing! Please see above.*

- Adult Social Care support where an individual has eligible needs and/or meets safeguarding criteria (Care Act 2014). Where this may not be the case, we actively support in establishing appropriate support and/or advocate for an MDT. MDTs include Breaking the Cycle and CARM.

Question three was “Which other organisations do you work with now, if any?” Responses were:

-

- We work well with HC, Rough Sleeper team, other teams, Connexus, Hope House, DWP and many others.
- Armed Forces, West Mercian Woman's Aid, and any external partners as and when to prevent homelessness.
- The Council works in partnership with a range of organisations to prevent homelessness through the homeless forum.
- CCP, Herefordshire Council Housing Teams, Food Banks, Outreach, health (GPs and Hospitals), Turning Point

Question four was “Are there any other organisations that you could work with to enhance the services that you currently provide?” Responses were: -

- No - there is no limit we will collaborate best we can to meet the needs of the customer/service user Not that I can think of the main issue is housing availability.
- What are the main challenges that you face in delivering services to homeless people or preventing all forms of homelessness? How could these challenges be addressed?
- I think to prevent homelessness there needs to be more preventative services in the community Homelessness is mostly due to many contributing factors and not all professionals understand this and support - pass the buck. We need a better and wider knowledge and support collaboratively in a non-discriminating way.
- Funding is a huge challenge, increasing numbers of people presenting as homeless leading to more people in TA and the cost implications. We need to invest in more prevention work, but it's hard to prioritise this whilst there is a significant demand for reactive services and support.
- Housing Supply, Mental Health Services where an individual has multiple complex needs.

Question five was “Do you think that you could do more in relation to homelessness / homeless prevention / or supporting homeless households and if so, what would this be and how could it be achieved?” Responses were: -

- As an organisation working in the community, we could do more preventative work if we had the resources.
- No - but could maybe get more involved in work if time allowed.
- I would like to see the balance shift towards more preventative work; this has already started, but this would need national and local political backing as it would take investment away from reactive services.
- An MDT approach available to all at the point of homelessness and/or risk of- rather than relying on professionals to facilitate at the point of crisis. I think this would rely on expanding on the role and purpose of Breaking the Cycle.

Question six was “In your view what are the THREE biggest issues that need to be tackled in relation to homelessness / homelessness prevention in Herefordshire?” Responses were: -

- Early intervention - schools - education; 2, Preventative support delivered in the community; 3. More accommodation.

- Better co-ordination and understanding from other services (drugs, alcohol, GPS), Time and patience when engaged in support to deal with everything not just surface level trauma and issues, funding - not enough money in the food chain to make ultimate impact.
- Better security for PRS tenants, more social rented homes, and a greater focus on early prevention. Housing Shortages, Housing First approach needs to be universal.

Question seven was “How do you think that these issues can best be addressed?” Responses were: -

- Hmmmmmm - not quite sure
- Once enacted the Renters Reform Bill will give tenants more security in PRS homes, as a team we work hard to deliver affordable homes in Herefordshire, the government has returned the focus to social rent (from affordable) and this is positive, they have also increased housing targets, so there will be more social rented homes, but this takes time and we may not see the impact for 3-5 years. We hope that the Governments new homelessness prevention strategy might give greater focus to prevention and this would lead the way for LAs to start put greater resources into this area of work. Government

Question eight was “What do you think are the main gaps in services to prevent homelessness in Herefordshire and/or to support homeless people?” Responses were: -

- Early intervention and preventative support delivered in the community.
- Access to support from all partners - wider understanding on complex issues that surround homelessness.
- Move on from supported accommodation is a real challenge for people with a history of rough sleeping, ASB, offending behaviour, rent arrears etc, so a more flexible approach from RP's would make a huge difference, as would the Council s ability to manage its own buildings as this would enable is to build in this flexibility.
- MDT as above

Question nine was “How can these gaps be addressed?” Responses were: -

- Educational, advice, guidance, more money to deliver impactful bespoke service?
- See above.
- As above

Question eleven was “If you think that there are other key objectives that we should include in the Homeless Prevention and Rough Sleeping Strategy 2026 - 2031, please add below.” Responses were: -

- Education of children at primary schools; 2. Life skills education.

Question twelve was “Do you think that there could be more effective partnership working in Herefordshire to address homeless issues? If yes, what more could be done?” Responses were: -

- I think this is really hard because we hold the funds which means that we make the decisions, it's not very empowering, but homelessness costs so much money, we aren't in a position to share it out generously.

This has been done!

Question thirteen was “Do you have any suggestions for new initiatives or partnership/communication arrangements that would assist in improving outcomes for homeless people?” Responses were: -

- ?
- Housing First, Single streamlined pathway

Question fourteen was “Do you think that there is more that we could do in Herefordshire to reduce Homelessness and Rough Sleeping?” Responses were: -

- ?
- You do a fantastic job with the resource we have.
- Increase focus and resources as the prevention stage, rather than the crisis stage. Yes

Question fifteen was “Is there anything that your organisation could do to help with making homelessness rare, brief and non-recurring in Herefordshire?” Responses were: -

- We could offer more support if we had the resources and training.

Lastly question sixteen was “Please add any further comments that you would like to make regarding rough sleeping or any other form of homelessness” Responses were: -

- Well done :)

General Public Questionnaires

This questionnaire was aimed at the general public and posted via Herefordshire Council’s web site. A marketing campaign advertised and linked to this survey.

Respondents in this group represented local charities, statutory agencies, and housing related teams from within Herefordshire Council. Fourteen surveys were started. Nine surveys were fully completed. All respondents indicated they lived in Herefordshire.

Respondents were first asked “I am providing my views as:” They had options to answer as below. The number in each category is in brackets.

- A resident of Herefordshire who is concerned about homelessness. (6)
- A member of the voluntary, charitable, or faith-based community. (3)
- Someone who has experienced being homeless or been at risk of homelessness. (2)
- Other (2)
- A member of a statutory organisation. (1)
- A member of the business community. (-)

Question one was “What is the nature of your interest in homelessness?” Responses were: -

- I am chair of Hereford Open door; we are searching for ways to give a boost to other charities supporting the homeless in Herefordshire.
- Work in the team. Been homeless.
- I look at the county I live in and despair at the run-down appearance of the city and its parishes. The inability of the social care to be nailing problems on the head is an issue. We need tough employees in these tough times.
- awareness through paid work, voluntary involvement, friends who have experienced this problem Worked with vulnerable homeless in past.
- I am sofa surfing.
- I am interested in the social issues of Hereford as a resident.
- As a Christian member of society
- My private greedy landlord has served me (& my four immediate neighbours) with a Section 21 Eviction Notice effective 28 Sep 25 so they can sell our homes without us in

them.... such greed! I work with people who are either at risk of homelessness or who are actually homeless on a daily basis.

- Empathy
- I am a local councillor with lots of housing casework.

Question two was “If you think that there are other key objectives that we should include in the Homeless Prevention and Rough Sleeping Strategy 2026 - 2031, please add below.” Responses were: -

- Publish figures monthly in all of the newspapers and community hotspots. Let people see the facts and they will be empowered to assist.
- more council houses should be built.
- Identification of those at risk of homelessness
- We should be aiming for integration so that homeless policies are holistic.
- Ban All Air B&B's & Holiday Lets in Herefordshire. If any should be allowed, they should be restricted in the least to huge houses e.g. with six or more bedrooms which accommodate large holiday parties. There should be NO one to four-bedroom homes allowed for Air B&B or Holiday Lets. We need those for homes for Residents of Herefordshire.
- All age groups please and the need to not push people to the wire of actually being homeless when prevention is what the Government strategy is about. This would treat people with dignity and respect and as fellow humans!
- Working with strategic housing, planning and economic development to reduce price inflation in the private rent market which is another driver of evictions.

Question three was “In your view what are the THREE biggest issues that need to be tackled in relation to homelessness / homelessness prevention in Herefordshire?” Responses were: -

- 1.Relationship Breakdown and its consequences 2. Avoiding digital exclusion 3. Removing adult illiteracy. These are in addition to the great work being done by the council.
- Availability of support with good food and accommodation to help people recover. Then guidance to assist with their future and community support. that is of high standard.
- More affordable housing, a much easier system to access, more staff at housing office!
- Health accommodation
- Looking at root causes to try and prevent the situation arising in in the first place. Definitely work with ex-offenders as they leave prisons and educate young people as they enter the adult world about budgeting.
- no outsourcing to private companies or private sector
- Lack of council housing, lack of identification of those at risk and a lack of a designated centre for help for those who are homeless or may be at risk.
- Affordable and secure social housing; integration of provision to provide holistic care; more effective counselling and guidance which is person centred and not heavily dependence on ICT systems Ban Air B&B & Holiday Lets, then we would have enough homes in Herefordshire. Only 6+ bedroom homes should be permitted to do Air B&B or Holiday Lets.
- Emphasis on Prevention Recognise that people have a right to choose locations, Herefordshire is more than just Hereford. We have under resourced market towns and Mrs rural areas.
- Increase the supply of secure affordable housing. Reduce the risk of no-fault eviction. Work across agencies to support all people to access housing despite challenges e.g. addiction.

Question four was “How do you think that these issues can best be addressed?” Responses were: -

- A leader who is capable of steering his or her team towards the goal of making Herefordshire a safe and supportive county.
- Don't let planning permission be granted for owner-occupied property when the land space is needed for affordable housing. crack down on developers who promise affordable homes then don't build them expensive.
- bring these presently outsourced offices back into the council.
- Build council owned homes by acquiring land set aside for housing which has not taken place. Open an office in the city with adequate staffing. Put out a survey for people to take part in and find out just how many we have at risk of homelessness. A lot of people at risk are off the grid.
- Local community support workers
- Just BAN them, like Southern Spain, Norfolk, Cornwall (soon) & Amsterdam have done. We need homes, not commercial Air B&B's & Holiday Lets. It's disgraceful.
- Through working with organisations outside of the council, who do not have a specific homeless prevention role but are regularly confronted with it.
- By a partnership approach that integrates housing and homelessness

Question five was “Please add any further comments that you would like to make regarding homelessness or homelessness prevention in Herefordshire.” Responses were: -

- It would be good to see more good news stories from the council and its partners in the local media. My only concern is that the service is directed at people who are from Herefordshire. People who have worked for many years in Herefordshire. Not opportunist scroungers from outside of the area.
- Good luck!
- Good luck. It's a big topic.
- The issues and causation of homelessness have changed little since the Victorian era. We need to keep our descriptive terms clear and unambiguous. Too many folk happily believe that affordable housing = social housing, for example
- Where I currently live, there are countless cottages which would all be a good home for me, but they are all Air B&B or Holiday Lets - this must stop until there is no homelessness & until everyone has a home!!!
- I think I have said enough! I desperately want this to be more than words. I want to see action!

Part III – Resources

Current Resources

Following discussions with colleagues, statutory and cross service partners, and the wider voluntary sector, through the Herefordshire Homeless Forum, it is established that the following resources are in operation across the county delivering a range of services and support.

Statutory:

Herefordshire Council - team of staff within Housing Solutions Team, which are experts at managing housing and homelessness related issues. They are the primary point of service delivery for Herefordshire Council. Co-based at Blue School House with Department of Work and Pensions team. An out of hour's service is operated by the Housing Solutions Team (to deal with urgent cases), as well as a weekday drop-in service at Blueschool House. They offer a floating support worker service. The Housing Solutions Service is made up of A Triage Team, Housing Solutions Team, Home Point Team (Choice based letting service) and the Rough Sleeping Outreach Team. It also has an appeals and review officer position.

Housing Solutions provide a range of Temporary Accommodation options to meet the statutory need of households made homeless. They do this through a variety of PRS properties in the county, eight Registered Provider properties and a large number of rooms in local hotels etc. They have developed a procurement framework for providers of TA accommodation, which is designed to deliver value for money to the public purse. That said, the cost to provide this Temporary Accommodation was still in the region of £3,000,000 in 2024/25.

In addition, the council provides a range of statutory resources around adult social care, children's social care, education, and enforcement services to name a few. These include a 'commissioning service' to supply new services across the county.

In addition, Herefordshire Council has been instrumental in the development of the Building Resilience Against Endemic Vulnerabilities (BRAVE) pathway. This is a multi-agency / sector approach to eliminating rough sleeping in Herefordshire. See below.

Turning Point – Primary addiction treatment services with Herefordshire. Are commissioned to provide an in-reach service based at their Hereford city centre office. They also offer an outreach.

Integrated care Board (ICB) – design and commission new health services within the county.

Mental Health Services – Provided by 2Gether Mental Health. No out of hours provision – access via A&E, Police (S136 Mental Health Act powers or Mental Incapacity Act powers), or through GP referral. Have an on-call Crisis Team service. Have a new Mental Health Nurse post that chair the Team around me process working directly with individuals and partners to address mental health support needs. This has a real impact during the periods the winter shelter runs (Nov – April) when on average medical assistance is required, to deal with someone in crisis, once a week.

Voluntary / Charitable – HVOSS (Building Better Opportunities and Co-ordination and support to Voluntary bodies across the county), there are a number of Hot Food Providers (Hereford city (daily) and Ross on Wye Baptist Church – once per week and Ross Hub).

There is also a food bank (city and market towns only), Clothes laundering and showers at one City based hot food provider – The Living Room, which also provides breakfasts if required to rough sleepers / people using the night shelter. Access to IT and drop-in support from statutory services at another hot food provider – Lees Place in the evenings.

There are a number of voluntary employment opportunities – Kart Shed, Ross Gardens.

Financial support is provided by a range of local charitable bodies to people experiencing homelessness – Vicars Relief Fund, Municipal Charities, Lions and Round Table. Although more difficult to access, local charitable activities have been funded by the National Lottery and larger charities such as Bulmers and Eveson Trust.

Charitable partners also provide a range of accommodation offers: -

- I. Vennture – accommodation via the Merton Hotel as Temporary Accommodation provision.
- II. The Living Room – flats above the café which they rent to individuals who are homeless.
- III. The Living Hope – working with Green Pastures to deliver two units of four bed semi-supported accommodation and Hope farm.
- IV. Caring for Communities and People (CCP) – manage and deliver supported accommodation settings at Bridge House, Pomona Place and Hope Scott House. Also commissioned to manage the Winter Night Shelter at Symmonds Street, Hereford, and overnight support staffing provision.

Health – A&E provision at Wye Valley NHS Trust (Hereford); GP Temporary Registration process, Nursing and GP Services. Dentistry Services via Goal Street Centre.

Department of Work and Pensions – main office at Blueschool House, Hereford, Satellite offices at Leominster and Ross on Wye.

HM Probation and Prison Service (HMPPS) - Probation / Prison Service work across many of the statutory multi agency groups to reduce offending and reoffending rates. They also specifically provide accommodation for offenders being released via the CAS 2 and 3 accommodation programs (non-operational in Herefordshire during 2025). In addition, they coordinate a pre-release panel process to work with local authorities and partners to try and meet the needs of offenders upon release from Prison and mitigate the risk of reoffending or recall to prison.

Other Statutory Services – Youth Offending Service, Integrated Offender Management Programme, GP services, Police, Fire Service.

Cross Service /Sector – Multi-Agency Working – statutory Duty to Refer (DtR) processes in place between statutory bodies (not Police though) and not with voluntary bodies / agencies – albeit the RSOT do attend the city based hot food providers daily and identify new clients direct. The DtR scheme is managed by Housing Solutions Team.

Statutory bodies - also coordinate some elements of the statutory engagements with rough sleepers / homeless individuals through the following forums – Integrated Community Management, MARAC, MAPPA, Mental Health Operational Group and Multi-Agency tasking processes – but only if the client is raised operationally as a discussion point. **There is no co-ordination of rough sleeping strategy and interventions through these meetings.**

Homelessness Forum – non-constituted body that meets bi-monthly. Structure reflects the local statutory and voluntary bodies across the county. Role is to act as in information sharing body amongst agencies – but not to co-ordinate activity across bodies or with individual clients. Forum has acted as a critical friend in the development of the Homeless Prevention and Rough sleeping Strategy. The Homeless Forum has also developed a county wide homeless Charter and multi-agency / sector training package for volunteers / staff.

Places of Worship - A number of Hot food providers operate from places of Worship, (Salvation Army, St Martins, Our Lady's) and Mother's Union provide emergency starter home packs for people moving into new accommodation with little resources.

Client perspective – a series of client drop ins were held at Lees Place over the Autumn of 2025. At these sessions were a mix of current rough sleepers, and former rough sleepers, as well as individuals currently homeless but not yet rough sleeping (Hidden Homeless).

During these drop ins, a specific survey was conducted by Lee's Place volunteers with the clients. Thirteen surveys were completed, and these are the headlines of what they believed to be the major issues (ranked) affecting their homelessness:

1. Lack of suitable accommodation.
2. Lack of joined up services between cross service agencies and voluntary bodies.
3. Lack of support both before they are homeless and as they progress through services / treatment.
4. Failure to communicate with them / help them with 1, 2 and 3.

For full details of the survey outcomes see section above on Consultations and Appendix F.

BRAVE Accommodation Pathway for Housing of Rough Sleepers within Herefordshire

Since the last Strategy, Herefordshire Council has invested considerable funding into the development of an accommodation pathway for people affected by rough sleeping. This coupled with securing sizeable grant funding from Government (MHCLG) means that there is now dedicated local authority owned property for use by people sleeping in the open air (Rough Sleeping individuals) within Herefordshire. Coupled with this is a model that provides support to people in the accommodation that intends to support people to transition through the accommodation pathway, developing skills and confidence to secure permanent long-term accommodation and employment for the future.

Between November and April Herefordshire Council operates a cold weather shelter in The Acorn Building, Symmonds Street Hereford. It accommodates up to sixteen men and four women. There are also four emergency accommodation pods on this site that provide an immediate off the street emergency accommodation offer for the RSOT to access. The support staff provision is contracted to Caring for Communities and People (CCP), who provide a management and staffing function whilst the shelter is open. The shelter meets Herefordshire Councils commitment to providing a SWEP accommodation offer. There is a full CCTV system in operation on the site. The shelter offers hot drinks and snacks on site and is able to offer guests fresh clothing. Breakfasts, Showers, and clothes washing are offered at The Living Room, a charitable enterprise a short walk from the shelter. Hot food is provided every evening at Lees Place, operated by a charitable enterprise a short walk from the shelter. It costs approximately £120,000 per winter to operate. This is funded through Funding provided by Government, MHCLG Rough Sleeper Prevention and Recovery Grant funding and from funding raised from local donations. Over the winter of 2024/25 the shelter provided safe and warm bed spaces to seventy-one individuals.

There are a number of other accommodation options available as part of the BRAVE pathway. These are spread across the county: -

- Five units of one bed accommodation in Ross on Wye (Single Homeless Accommodation pathway and Herefordshire Council Funded)
- Twelve unit of supported accommodation at White Cross Road (Rough Sleeper Initiative and Hereford Council Funded)
- Access to thirty-six units of accommodation through CCP. (Commissioned Contract)
- Six units of one-bed accommodation in Hereford. (Rough Sleeper Accommodation Programme and Herefordshire Council Funded)
- Six units of one bedroom accommodation in Hereford. (Next Steps Accommodation Program and Herefordshire Council Funded)
- Ten units of one-bedroom accommodation across the county (Single Homeless Accommodation pathway and Herefordshire Council Funded)

- With a further eight units of one-bed accommodation in Hereford (Rough Sleeper Prevention and Recovery Grant and Herefordshire Council funded)
- Further twenty-eight units of one bedroom accommodation in Hereford (Rough Sleeper Prevention and Recovery Grant and Herefordshire Council funded)
- The RSOT also have access to Hope Scott House (Hereford) which is a fourteen room men's hostel – operated by CCP on behalf of a local charity. The team have been able to support individual residents onto more long-term stable accommodation.

BRAVE also provides a structure to the management of this approach, through three levels of delivery.

BRAVE Strategic Board – sets the strategy and ensures resources and funding in place to deliver the strategy.

BRAVE Operation Board – sets the plans and ensures that staff and teams have the time, focus and resources to deliver the plans and achieves the strategic aims.

BRAVE Operational Delivery Groups. These are through.

- Team Around Me – operational delivery group of front-line staff and volunteers co-developing a strength-based support plan with individual users of the services.
- Breaking the Cycle - operational delivery group of front-line staff and volunteers putting in place a support plan to protect and reduce the potential harm to individual users of the services who will not engage with services.

Part IV

Challenges and Opportunities – Looking Ahead.

Herefordshire faces a number of challenges in addressing homelessness. These are summarised in points below and broadly reflect what is occurring nationally and internationally in the homelessness arena.

- Too many families in Temporary Accommodation, including some very large families.
- The length of time families are in Temporary Accommodation.
- The challenge of single people moving on from Temporary Accommodation.
- The low number of one-bedroom units of accommodation on the Private Rental Market.
- Not enough social and affordable housing in Herefordshire.
- Individuals being released from HMP estate with little or no notice to housing services.
- Individuals with NRPF or No Permanent Status to remain in the UK needing support.
- Individuals with outstanding rental debts and / or composite debts and / or a history of failed tenancies and anti-social behaviour.
- There is no single data management system for all agencies to access and record notes.
- No single shared data set to drive continuous improvement.
- Access to better early information and resources to help mitigate the risk of crisis or complex difficulties developing into homelessness.
- Recruitment and Retention of staff.
- Training of staff across our multi-agency / sector partnerships.
- Need to reinforce and expand the Duty to Refer scheme.
- No single integrated model that targets resources early in a household's descent into homelessness across health, education, employment, and the criminal justice system.
- Lack of integrated funding models across our multi-agency / sector partnership.
- Number of households who lose contact with Housing Solutions Service.
- Individuals with high levels of and / or complex support needs that require access to bespoke supported accommodation and Adult Social Care support, linked to the high thresholds for support from health and social care services.

Some of these challenges present real opportunities for service improvements, these are highlighted in the priorities set out below.

Priorities and Action Plan

Building on the successes of the previous strategy and taking account of the challenges above, the key priorities for the next 5 years will be:

1. **Improving our Systems**– identify those that are at risk of becoming homeless as early as possible and through the Duty to Refer to prevent homelessness or rough sleeping and identifying the most vulnerable and ensuring individuals are safe from harm, and have access to the support and services to maintain their health and wellbeing
2. **Strengthening our Partnerships** – strengthen and maintain relationships to bring together resources and knowledge to prevent and relieve homelessness across the whole multi-agency and cross sector workforce.
3. **Improving our Accommodation Offer**– ensure the volume temporary accommodation is increased and quality of temporary accommodation maintain and improved. Ensure that accommodation is both available and suitable for those that need it and explore opportunities to increase the supply of all types of accommodation for move on accommodation within the BRAVE pathway as well as increase the volume of affordable housing in the county.
4. **Being Data Led** – Develop our systems and processes to ensure we capture the relevant data, have agreements in place to share where necessary and use the data to take a proactive and joined up approach to tackling rough sleeping and homelessness. Use the evidence to explore funding opportunities to ensure we meet the needs of all client groups.
5. **Make best use of funding** Ensure all partners meet their primary legal obligations and deliver services that ensure we collectively are able to mitigate and reduce complex multiple experiences for the communities and people of Herefordshire. Where appropriate use shared funding models to develop and build resilience in staffing models, and services. Identify and secure new funding sources.

These priorities have been chosen to reflect the issues highlighted through the consultation process with our stakeholders, the literature review and building on our current structures to ensure Herefordshire continues to work in partnership to reduce the risk of homelessness. (See appendix 'D' for full strategic context)

Below is a summary of the actions recommended to deliver each of the five priorities listed above. (The full list of recommendation, with indicator links to the relevant section of this document can be found at Appendix I.)

Improving our Systems

1. Develop a Multiple Complex Vulnerabilities strategy. This Strategy should include placing the childhood early indicators of homelessness within the early indicators.
2. Herefordshire BRAVE operations Board to undertake a review of instances of people who are being accommodated in the BRAVE accommodation pathway and who have had a near death experience, to identify if there is any learning or best practice to be identified and shared.
3. Herefordshire Safeguarding Adults Board to consider undertaking an annual review of any death(s) of people who are known to have a history of homelessness in

- Herefordshire, to identify if there is any learning or best practice to be identified and shared over and above the requirements of any SAR's undertaken.
4. Develop an early intervention toolkit to be used across the Herefordshire Talk Community network of hubs setting out the options for early interventions and support to mitigate the risk of homelessness occurring or MCV Escalating to crisis point. This could be added as a specific page of resources to the Talk Community Website.
 5. Develop a multi-agency palliative care pathway to support people who are homeless and ensure they receive dignity in the final stage of their lives.
 6. Herefordshire Council will continuously review its operational structures to ensure they remain fit for purpose and deliver the best services for the communities of Herefordshire. This would include remaining as a key partner of the Homeless Forum and extending the membership of the BRAVE processes to all aspects of Health and Social Housing Partners.
 7. Promote the use of the national 'Street Link'¹⁸⁰ as a single resource for the public and partners to report potential instances of people sleeping rough.
 8. Herefordshire Council will commence planning for a replacement accommodation model for the emergency winter shelter that meets NICE guidelines and delivers a space that is secure against pandemic type illnesses.
 9. Using the 'WellSpace Guide' as a model, develop an Experts by Experience Network to assist with the ongoing development and management of homelessness prevention work streams.
 10. Herefordshire Council will work with experts by experience to develop and publish an accessible directory of housing options and support for households.
 11. Herefordshire Council to work with partner agencies and bodies, along with the new Experts by Experience Board to develop a strengths-based framework that builds upon the skills of people affected by Homelessness, enabling people affected by homelessness to find a way back into the workplace.
 12. Herefordshire Council to coordinate and facilitate a Homeless Health Needs Audit during the life cycle of this strategy.
 13. Herefordshire Council to formalise its arrangements with partners in the Criminal Justice System to deliver pre-release panels for offenders leaving the national Prison estate to assess the levels of housing and wider support needs to mitigate the risk of reoffending as well as homelessness.
 14. Work in partnership to identify how Herefordshire can increase capacity to meet the needs of people affected by poor mental health. This needs to be within 24 hours for individual's assessed as having a chronic support need.
 15. Work in partnership to identify how it can increase capacity to meet the needs of people with addiction support needs. This needs to be within 24 hours for individual's assessed as having a chronic support need.
 16. Herefordshire Council to develop plans and processes that reduce the number of households who lose contact with Housing Solutions following an application for housing support being made.
 17. Herefordshire Council to work with partner agencies.
Herefordshire's BRAVE groups should expand its membership to include partners that represent all aspects of health. (Primary, Community and Emergency medicine, Chronic Care, Mental Health, Opticians, Dental, and Podiatry).
 18. Further develop the collective Herefordshire model of working using a Trauma Informed Approach (TIA) to embed a psychologically informed environment across the multi-

¹⁸⁰ [StreetLink - Connecting people sleeping rough to local services](#)

agency working environment in all delivery areas throughout Herefordshire. At the core of this approach will be working with individuals in a strength-based approach with an agency single point of contact / lead worker to coordinate all work streams around that individual and delivering additional Trauma Informed approach training to the workforce.

Make the best use of Funding

19. That core grant funding is used to make the staff posts funded by Rough Sleeper Prevention and Recovery Grant permanent, (Rough Sleeper Outreach Team, White Cross Road hub staff and Early Intervention Posts.) This will assist with staff retention, development, and training.
20. Herefordshire Council explore options to make better use of its discretionary powers and working across the Community Voluntary Faith Sector to provide support to households with no recourse to public funds or with non-pre-settled status. It should develop a system whereby this can be monitored to further inform the provision of accommodation.
21. Herefordshire Council will identify and make use of relevant funding options to support households in need of financial assistance to either secure accommodation or to stay in their existing accommodation. It should develop a system to monitor this to further inform the provision of accommodation. This will include making use of client personal budgets, goodwill payment and rent in advance.
22. Herefordshire Council will maximise opportunities for revenue reclaim, through Housing Benefit, and to offset costs associated with the provision of temporary accommodation in every case. It should develop a system to monitor this.
23. All three levels of the Herefordshire BRAVE partnership should continue to identify and apply for funding opportunities that deliver its strategic aims to make rough sleeping rare, brief, and non-recurring. This will include bids to capital and revenue grant funding.
24. Herefordshire Council will continue to seek out and secure external funding to deliver home energy improvement schemes for communities in Herefordshire. Linked to this is grant funding programs to deliver easy to access and use funding programs to reduce fuel poverty related issues that impact upon household budgets, which leads to homelessness.

Be Data Led

25. Herefordshire BRAVE partnership will undertake a Cost Benefit Analysis of interactions with rough sleepers over 2025-26 – to focus upon costs of early intervention Vs crisis interventions and drive systems change as required.
26. Herefordshire Council will continue to provide evidence to Government supporting an uplift in Local Housing Allowance rates to address the disparity between rental costs and benefits.
27. Herefordshire’s BRAVE partnership will develop a shared data management system for case notes.
28. Herefordshire’s BRAVE partnership will expand Data Sharing Agreements to include new partners.

Improve our Accommodation Offer

29. Herefordshire Council to continue to collaborate with partner agencies within the Criminal Justice System to deliver a CAS3 accommodation offer for the County.
30. Herefordshire Council will refresh the Housing Market Areas Needs Assessment to ensure that needs data is up to date.
31. Herefordshire Council will reinvigorate a Landlords Forum. The Forum will function as a conduit between accommodation providers and the Council as well as a place to share information and best practice. At the core of this Forum should be a commitment to prevent evictions wherever possible and only as a last resort and ensure the delivery of the reforms set out in the Renters Rights Act 2025 which will see the end of Section 21 evictions.
32. Herefordshire Council Strategic Housing Team will apply for the funding through the capital program to develop a range of accommodation options suitable to meet the needs of our most vulnerable communities. This will require a commitment to ring fence Herefordshire Council capital funding for this purpose.
33. Herefordshire Council will undertake a development of a supported housing strategy to better understand need and to develop a strategic approach to delivery of exempt accommodation.
34. Herefordshire BRAVE partnership will undertake the development of a Primary Care health option for the medical treatment of individuals in the homeless pathway.
35. Herefordshire Council to continue to collaborate with Private Landlords to expand and develop the portfolio of private rented sector tenancies in the county.
36. Herefordshire Council will further develop the provision of accommodation for families staying in Temporary Accommodation (TA) to include better cooking, laundry, and facilities for families to be better able to cope with living in emergency accommodation.
37. Herefordshire Council will develop an improved offer for families in TA by making best use of accommodation from the Private Rental Sector as TA provision whilst a permanent home can be found.
38. Herefordshire Council will continue to collaborate with Registered Provider organisations to expand and develop the portfolio of registered provider sector tenancies in Herefordshire through newbuild or property purchase. This will include making available properties to individuals with a history of homelessness.

Strengthen our Partnerships

39. The distribution of best practice and new learning should sit with a single point of contact within the wider housing teams for Herefordshire Council. This SPOC should identify case law, stated cases, best practice and specialist advice from a range of sources and share amongst colleagues and partners working across Herefordshire.
40. Herefordshire Council will work with Commissioning Services to promote commissioned floating support service delivered by Connexus. [Herefordshire Housing Related Floating Support Service & Mediation | Connexus](#)
41. Ensure that the wider homelessness work force operating in Herefordshire have at least sixteen hours of training per annum, specifically about housing, housing support and the impacts of multi-agency working, being Trauma Informed and developing a strengths-based approach, mental capacity, and executive function. This will develop a legislatively empowered work force.
42. Herefordshire's BRAVE partnership to develop an employee induction pack for new staff to maximise the potential for success across this multi-agency landscape.

Conclusion

The national focus is changing and changing rapidly. As a nation we need to move away from delivering world class services at the point of crisis. Not only is this very inefficient, but it is also an extremely impactful service for citizens as well as a costly model to maintain and deliver.

The new National Plan to End Homelessness links into and builds upon national Health and Education plans to provide support at an earlier stage in an individual's journey into crisis. There is a wealth of data that supports the introduction and development of early intervention and prevention models as exemplars of outstanding service for individuals and communities, but also more cost effective for the state.

Herefordshire has strong pedigree of multi-agency and cross sector working. These foundations could be built upon to further improve our current crisis or emergency responses to deliver a truly world leading model of early intervention and support to reduce the impact of complex multiple vulnerabilities.

There is much excellent work already undertaken within Herefordshire, across all agencies and bodies, at all levels in working with Homeless and Rough Sleeping communities.

The evidence presented within this paper demonstrates that were this work to be delivered in a coordinated way, through a single entity, delivering a commissioned program of coordinated partnership work, then Herefordshire could take great strides towards eliminating Homelessness and Rough Sleeping in the county – which is the most visible face of all multiple complex issues affecting our communities. At the same time the evidence tells us it will help statutory agencies make savings.

To quote Archbishop Desmond Tutu “There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in.” we are at that point!